

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

MARVIN KURT NATION, #141669,)	
)	
Plaintiff,)	
vs.)	CIVIL ACTION NO. 2:06-CV-693-ID
)	
WILLIE AMBERS, et al.,)	
)	
Defendants.)	

**ANSWER AND SPECIAL REPORT
Of DEFENDANT
OFFICER WILLIE AMBERS
TO PLAINTIFF'S COMPLAINT**

Comes now Defendant Officer Willie Ambers, by and through counsel, and files this Answer and Special Report to Plaintiff's Complaint.

This Special Report and Answer is filed solely on behalf of Defendant Officer Willie Ambers. Warden John Nagle and "Kilby Correctional Facility" and "Elmore Correctional Facility" have previously been dismissed from this law suit. The fifth identified defendant is a "PHS Dr. Robbins", who is not employed by the Alabama Department of Corrections, and the claims alleged against this defendant are "inadequate medical care". The Alabama Department of Corrections does not provide medical services to inmate. They are provided under contract to a company known as "PHS".

As directed, Defendant has undertaken a review of Nation's claims to determine the facts and circumstances relevant thereto. Defendant's Report is supported by the entire certified

Institutional Incident Report of the incident complained of by Plaintiff (see Exhibit "A"), which includes the entire report and point of impact diagram of the investigating Alabama State Trooper.

PLAINTIFF'S ALLEGATIONS

1. The Plaintiff is an inmate in the Kilby Correctional Facility. Nation alleges that, on September 21, 2004, while he and other inmates were working on a roadway litter detail on Highway 231, Troy Highway, in Montgomery County, he was caused to be seriously injured in an automobile accident on the side of the roadway due to these Defendants' "deliberate indifference".
2. Inmate Nations goes on to allege that another defendant identified as "PHS Doctor Robbins" provided inadequate medical care by failing "to attend to plaintiff serious medical needs".
3. Plaintiff seeks "to have defendants in their individual capacity to pay for his pain, suffering, life threatening injuries, and the permanent injuries he now has."
4. It should be noted that Plaintiff has filed a motion dismissing defendant Warden John Nagle, which is not opposed by these defendants.

INVESTIGATION

On September 21, 2004, Officer Willie Ambers was assigned as Road Squad Officer on Highway 231 North, Troy Highway, in Montgomery County, Alabama. Officer Ambers had a crew of nine (9) inmates assigned to him to perform litter control.

At approximately 1:25 PM, in order to give the inmates a water break, Officer Ambers parked the van well off the roadway on the northbound side of Highway 231, Troy Highway, at

mile marker 164. Seven (7) inmates, including the plaintiff, were inside the van along with Officer Ambers, and two (2) inmates were standing outside the van.

Without warning, and due to no fault of any defendant, a northbound motorist left the roadway and traveled approximately 168 feet, without braking or performing any evasive maneuvers, striking the rear of the ADOC van as well as the two (2) inmates who were standing outside the van (see Trooper accident report). It is significant to note that the Trooper's investigation revealed that the driver completely left the roadway and traveled the entire 168 feet to the point of impact while completely off the roadway. In other words, the accident was not a "sideswipe" accident, which would have been the case if the van had been parked close to the roadway and the striking vehicle had just strayed close to the shoulder and struck the van because it was parked too close to the roadway (see Trooper accident report).

The striking vehicle driver stated that he had no memory of leaving the roadway or what caused him to do so.

As a result of this accident, several of the inmates, as well as defendant Officer Willie Ambers, received serious injuries and all were transported to Baptist South Hospital as soon as possible to receive medical treatment.

DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

1. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.
2. The Defendants plead the general issue.
3. The Plaintiff's Complaint fails to state a claim upon which relief can be granted.
4. The Plaintiff is not entitled to any relief requested.

5. The Defendants plead the defense of qualified immunity and aver that any purported action taken by any of them was reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.
6. The Defendants are entitled to qualified immunity and avers it is clear from the face of the complaint that the Plaintiff has not alleged specific facts indicating that any Defendant violated any clearly established constitutional right.
7. The Defendants cannot be held liable on the basis of *respondeat superior*, agency, or vicarious liability theories.
8. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.
9. The allegations contained in the Plaintiff's Complaint against the Defendants, fail to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F. 2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Education Of Escambia County, 880 F. 2d 305, 309 (11th Cir. 1989).
10. The Defendants plead all applicable immunities, including but not limited to qualified, absolute, discretionary function immunity, statutory law enforcement immunity, and state agent immunity.
11. The Defendants were at all times acting under the color of state law and therefore, they are each entitled to substantive immunity.
12. This court lacks subject matter jurisdiction due to the fact that even if Plaintiff's allegations should be proven, the allegations against these Defendants would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights.

13. All claims of the Plaintiff against these Defendants in their official capacity are barred by the Eleventh Amendment to the United States Constitution.
14. The Defendants plead the affirmative defense of contributory negligence and assumption of the risk.
15. The Plaintiff has failed to exhaust his administrative remedies as mandated by the Prison Litigation Reform Act amendment to 42 U.S.C. § 1997e (a) and as such these claims should be dismissed.
16. The Defendants plead the affirmative defense that they are not guilty of any conduct which would justify the imposition of punitive damages against any of them and that any such award would violate the United States Constitution.
17. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing *in forma pauperis* actions in federal court.
18. Pursuant to 28 U.S.C. § 1915 A, this court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendants who are state officers entitled to immunity as provided for in 42 U.S.C. § 1997 (e) (c).

ARGUMENT

The Plaintiff (hereinafter referred to as “Nation”) sues this Defendant apparently on an 8th Amendment theory for “deliberate indifference,” under 42 U.S.C.A. 1983. He apparently asserts that Defendant Officer Willie Ambers is supposed to have a crystal ball and know that a driver is going to leave the roadway and travel 168 feet, striking the rear of the ADOC van. In support of his claim, the only thing that Plaintiff offers to establish “deliberate

indifference”, is his assertion that he had asked Officer Ambers several times to “take them back to Elmore”.

Nation then makes reference to Officer Ambers “...neglecting his duties as a Supervisor...”

EIGHTH AMENDMENT

Since Nation specifically asserts “deliberate indifference” as a “grounds” for his law suit, these defendants take his claims solely as an Eighth Amendment “cruel and unusual punishment” claim.

The language of 42 U.S.C. § 1983 requires proof of a causal connection between the purported actions or omissions of the Defendants and any constitutional deprivation. Jones v. Pruett & Mauldin, 851 F. 2d 1321 (11th Cir. 1988). The requisite causal connection may be shown by the personal participation of these Defendants, a policy or custom established by these Defendants that resulted in a deliberate indifference to the plaintiff’s rights. Zatler v. Wainwright, 802 F. 2d 397 (11th Cir. 1986). Inasmuch as this needs to be proven, Nation’s complaint completely fails under the criteria set out in *Zater*.

Further, the complaint fails to allege a causal connection between the purported actions or omissions of Officer Ambers and the alleged damages of Nation.

In construing cruel and unusual punishment clause of the Eighth Amendment, the court must confine its inquiry to whether conditions of confinement “shocked the conscience,” are greatly disproportionate to offense, or offend evolving notions of decency. U.S. v. Thevis, 526 F. 2d 989 (CA 5 1976). Appropriate relief from prison conditions that violate Eighth Amendment is to require discontinuance of any improper practices or to require correction of any condition causing cruel and unusual punishment. Fernandez v. U.S., 91 F. 2D 1488.

Two part analysis governs Eighth Amendment challenges. First a prisoner must prove that the conditions that he complains of are sufficiently serious to violate the Eighth Amendment, and second, under the "subjective component" the prisoner must show that the defendant prison officials acted with sufficiently culpable state of mind with regard to the condition at issue. Nation's claims fail on both parts.

The simple truth of the undisputed facts of this case are that Officer Ambers was safely pulled off the roadway and giving the inmates a water break, when a driver, for reasons that are not known, drove off the roadway and traveled 168 feet and struck the rear of the ADOC van. Absolutely nothing that Officer Ambers, Warden Nagle did or failed to do, caused that driver to veer off the roadway and strike the van. Nothing asserted by plaintiff rise to the level needed to suggest cruel and unusual punishment. The evidence of the Defendants clearly refutes Nation's conclusory claims. Nations also fails to establish the subjective component of any defendant to raise proof that any had the necessary culpable mental state.

Plaintiff has failed to demonstrate facts which rise to the level of a constitutional deprivation.

In order to succeed on a claim that prison [working conditions] violated the Plaintiff's Eighth Amendment rights, Plaintiff must first prove that conditions were, objectively, sufficiently serious, and that the Defendant acted with sufficiently culpable state of mind so as to constitute deliberate indifference to Plaintiff's health or safety by acting or failing to act despite knowledge of such substantial risk of serious harm. *Stephens v. Johnson* 83 F3d. 198 (8th Cir.1995).

The Supreme Court, in the case of *Wilson v. Seiter*, 501 U.S. 294 (1991) at 301-05, in discussing the “deliberate indifference” standard, stated that prison officials mere negligence does not equal deliberate indifference.

See also *Riccardo v. Rausch*, 375 F.3rd 521, 525-27, which holds that a prison officials’ failure to alleviate a significant safety risk did not rise to the level of deliberate indifference. The Riccardo court held that even if a jury could conclude that the official should have known of the risk, “reasonableness” is a negligence standard, and negligence does not give rise to an 8th Amendment claim.

A negligent act or omission will not support a claim under Section 1983. *Ray v. Foltz* 2004 WL 1144698 (11th.Cir. May 24, 2004). See also *Taylor v. Ledbetter*, 818 F2d. 791, 794 (11th.Cir. 1987).

Plaintiff’s complaint itself recognizes that the duties of these defendants were those of a supervisory nature, only. If at all, this claim is based upon the theory of *respondeat superior*, which is unavailable under Section 1983. *Farrow v. West* 320 F3d. 1235 (11thCir.2003).

The Plaintiff does not, with any specificity, allege any actions or inaction on the part of these Defendants which would subject them to liability under 42 U.S.C. Section 1983.

IMMUNITY

Defendant is entitled to qualified immunity from all claims asserted by Plaintiff in this case. If Nation was able to show in some way that Ambers was acting in his discretionary authority, the burden then shifts to Nation to show that the Defendants violated clearly established law based upon objective standards. See Eubanks v. Gerwin, 40 F. 3d 1157, 1160 (11th Cir. 1994). Nation must allege that the Defendants violated a right clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F. 2d 1271, 1273 (11th Cir. 1989),

aff'd in pertinent part, rec'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11th Cir. 1989). Clearly, Nation has not done so.

The Eleventh Circuit requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. Vonstein v. Brescher, 904 F. 2d 572, 579 (11th Cir. 1990) (quoting Anderson v. Creighton, 483 U.S. 635, 640, 107 S. Ct. 3034, 3039 (1987)).

Therefore, [to defeat summary judgment] Nation must be able to point to cases with “materially similar” facts within the Eleventh Circuit. Hasoon v. Soldenwagner, 19 F. 3d 1573, 1578 n. 6 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must “...compel[s] (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances.” Lassiter v. Alabama A & M University, 28 F. 3d 1146, 1151 (11th Cir. 1994). There is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Court sitting within the Eleventh Circuit showing under the facts of this case, it was clearly established that these alleged actions violated Nation’s constitutional rights.

Lastly, Plaintiff failed to exhaust the administrative remedies available to him. A prisoner must exhaust his administrative remedies prior to seeking relief in court. 42 U.S.C. § 1997e (a), as amended by the Prison Legal Reform Act of 1995. This exhaustion requirement is in all circumstances. See Booth v. Churner, 532 U.S. 731, 740-741, 121 S. Ct. 1819, 149 L. Ed. 2d 958 (2001).

The State of Alabama and all of its services must operate through its agencies, officers and employees. The courts are firm in their holdings that state agencies, officers and employees are absolutely immune from tort liability. Rutledge v. Baldwin Co. Commission, 495 So.2d 49 (Ala. 1986).

The State of Alabama, its agencies, officers and employees, in their official capacities and individually, are absolutely immune from suit. Officer Ambers as an officer, employee and agent of the Alabama Department of Corrections, is entitled to invoke sovereign immunity from suit even though there may be some individual officials named as nominal defendants in the suit. See Destafney v. University of Alabama, 413 So.2d 391 (Ala. 1981).

CONCLUSION

The Plaintiff's complaint is completely without merit. The undisputed facts are, simply, that an Alabama motorist either fell asleep at the wheel or had some undetermined medical condition that caused him to drive off the roadway, and travel some 168 feet before striking the ADOC van, which was lawfully and safely parked on the shoulder of the highway. Officer Ambers had nothing to do with the cause of this serious accident. And he is not liable under any theory of vicarious liability or respondeat superior, as a matter of law.

Respectfully submitted,

KIM T. THOMAS (THO115)
GENERAL COUNSEL

A handwritten signature in dark ink, appearing to read 'Neal P. Conner', is written over a horizontal line.

NEAL P. CONNER (CONN2024)
ASSISTANT GENERAL COUNSEL
ASSISTANT ATTORNEY GENERAL

CERTIFICATE OF SERVICE

I hereby certify that on the 29th day of November, 2006, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following (or by U.S. Mail to the non-CM-ECF participants):

Marvin Kurt Nation, AIS #141669
Fountain Correctional Facility
P.O. Box 3800
Atmore, AL 36503-3800



NEAL P. CONNER (CONN2024)
ASSISTANT GENERAL COUNSEL
ASSISTANT ATTORNEY GENERAL

ADDRESS OF COUNSEL:

Alabama Department of Corrections
Legal Division
301 South Ripley Street
P.O. Box 301501
Montgomery, AL 36130
(334) 353-3889

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

MARVIN KURT NATION, 141669,

Plaintiff,

v.

OFFICER WILLIE AMBERS, et al.,

Defendants.

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:
:
: Civil Action No. 2:06-CV-693-ID
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:
:
:

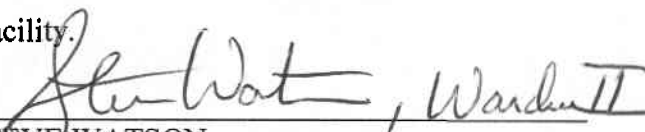
AFFIDAVIT

Before me, the undersigned authority, a Notary Public in and for the State of Alabama at Large, personally appeared Steve Watson, who being known to me and being by me first duly sworn, deposes and says:

My name is Steve Watson. I am currently employed with the Alabama Department of Corrections as a Warden II at Elmore Correctional Facility in Elmore, Alabama. I am over twenty-one (21) years of age.

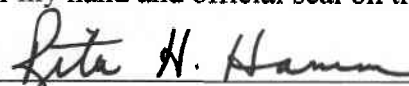
I was not assigned to Elmore Correctional Facility on September 21, 2004 and have no personal knowledge of the incident inmate Nation described in his complaint.

I hereby certify Institutional Incident Report ECC04-1350 to be a true copy of a document on file at Elmore Correctional Facility.

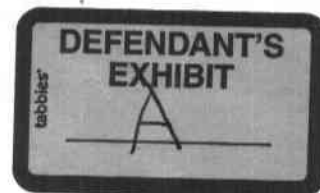

STEVE WATSON

STATE OF ALABAMA:
COUNTY OF ELMORE:

Sworn to and subscribed before me and given under my hand and official seal on this the 18 day of September, 2006.


NOTARY PUBLIC

My Commission expires 1-2010



**ELMORE CORRECTIONAL CENTER
INSTITUTIONAL INCIDENT REPORT**

1. Institution: ELMORE CORRECTIONAL CENTER		2. Date: 9-21-04		3. Time: 1:25p.m.		4. Incident Number: ECC04-1350	
5. Location Where Incident Occurred: Hwy. 231 North (Troy Hwy.)				6. Type of Incident: Vehicle Accident			
7. Time Incident Reported: 1:27p.m.				8. Who Received Report: Sgt. Robert Esco <i>[Signature]</i>			
9. Victim:							
a. <u>See attached list</u>				No. _____			
(type full name)							
b. _____				No. _____			
(type full name)							
10. Suspects:		11. Witnesses:		a. <u>N/A</u>		No. _____	
a. <u>N/A</u>		No. _____		b. _____		No. _____	
b. _____		No. _____		c. _____		No. _____	
c. _____		No. _____		d. _____		No. _____	
d. _____		No. _____		e. _____		No. _____	
e. _____		No. _____		f. _____		No. _____	
				g. _____		No. _____	
Physical Evidence:							
12. Type of Evidence: <u>N/A</u>							
13. Description of Evidence: <u>N/A</u>							
14. Chain of Evidence: <u>N/A</u>							
a. _____							
b. _____							
c. _____							
d. _____							
15. Narrative Summary: On 9-21-04, Officer Willie Ambers was assigned as Road Squad Officer for Highway #6 M-2. Officer Ambers had a crew of (9) nine inmates assigned to perform litter control on Highway 231 North Troy Hwy. With Officer Ambers' crew having completed the litter control for approximately two miles, Officer Ambers parked the van at mile marker 164, well off the shoulder, in order to allow the inmates a water break. Officer Ambers sat in the driver's seat of the van while (7) seven of the (9) nine inmates remained inside the van. The other (2) two inmates were located just outside the van. Without warning, a motorist driving a 1999 Mercury left the road and hit the rear of the van. The impact of the collision broke the back of the driver's seat, causing Officer Ambers to fall into the bench seat behind the driver's seat. Officer Ambers exited the van through the sliding cargo door which had been torn from the track and insured all inmates were out of the van. At approximately 1:27am, as Officer Ambers was notifying Elmore C.C. of the accident, Officer Ambers observed that the driver of the other vehicle, appeared to be trapped. Officer Ambers instructed (2) two inmates to assist the driver. Once the (2) two inmates had pulled the driver clear of the wreckage, both the van and car became engulfed in flames. Officer Ambers observed several inmates had injuries. At approximately 1:35p.m., Officer John Williams, who also was working another inmate litter crew nearby, arrived and assisted Office Ambers. At approximately 1:36 p.m., emergency units began arriving on the scene. Fire Department Personnel extinguished the (2) two burning vehicles, and assisted the injured. At approximately 1:42 p.m., Haynes Ambulance #968 arrived at the scene. Paramedics Jeffcoat and Ryland treated (2) two of the injured inmates and departed enroute to Baptist Hospital South at approximately 2:06 p.m. Ambulance Squad #968 (Cont)							

DISTRIBUTION: ORIGINAL to Institutional File
COPY to Central Records File
COPY to inmate file

D of C - N 602

CONTINUATION SHEET

Institution:
Elmore Correctional CenterIncident Number:
ECC - 04 -Date:
9/21/2004Type of Incident:
Vehicle Accident

Narrative Summary (Continued) Page No. 2.

arrived at Baptist South at approximately 2:18 p.m. They departed Baptist South at approximately 2:55 p.m. At approximately 1:40 p.m. Sgt. Greg Smith and Officer Stanley Williams were dispatched to Baptist South for inmate security. Haynes Ambulance #811 arrived at the scene of the accident at approximately 1:44p.m. Paramedics Ware and Gosha treated (2) two inmates, and departed enroute to Baptist South at 2:06p.m., arrived at the hospital at 2:13p.m., then departed at 2:42p.m. Haynes Ambulance #855 arrived at the scene at 1:54p.m. Paramedics Flowers and Lucas treated (2) two inmates, departed the accident at 2:13p.m. and arrived at Baptist South at 2:22p.m., then departed at 2:55p.m. A fourth Haynes Ambulance #173 arrived at 2:05p.m. with Paramedics Patterson and T. Haynes and treated the last (2) two inmates, and went enroute at 2:13p.m., arrived at the hospital at 2:22p.m., then departed at 3:02p.m. The (8) eight injured inmates were turned over to the Emergency Room staff before the Amulance Squads departed Baptist South. Other units responding were Montgomery County Sheriff Department Units 110, 41 and 40. Department of Public Safety Trooper Hardy was in charge of the scene, investigated the accident with the assistance of Trooper Frost. At approximately 2:06 p.m., Warden Charles I. Hadley arrived at the scene. Upon Warden Hadley's arrival, Mr. Roy Hightower was advised of the incident. At approximately 2:15 p.m., Lt. Richard Naile and Sgt. Robert Esco arrived at the scene. Lt. Naile photographed the scene of the accident. At approximately 2:25 p.m., I&I Investigator C. P. Barefoot arrived and began the Departments investigation of the accident. At approximately 2:30 p.m., Sgt. Esco departed the scene with Officer Ambers enroute to BHS Emergency room where Officer Ambers was treated and then released at 8:10 p.m. Other Emergency Unit who arrived to assist were Pike Road Fire Department and Rolling Hill Fire Departments. The State van was removed from the scene by the DCC Garage wrecker. Once both vehicles had been removed from the scene, the last Fire Department and County Sheriff Unit left the scene at 4:26p.m. The State van was declared a total loss by Mr. B. Agerton due to the fire.

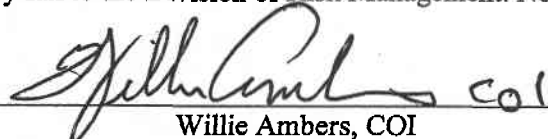
The Elmore inmates injured in this accident were Joey Dennis W/M 224604, Marcus Jackson B/M 187650, Paul Laco W/M 197687, Larry Lambert W/M 195129, Marvin Nation W/M 141669, Donald Perdue B/M 213809, Douglas Spears W/M 184120 and Douglas Thompson W/M 166485R. The above inmates were treated and released to Staton Health Care Unit and placed on outgate status M. O. U. with the exception of inmate Paul Laco who remained at BHS due to the injuries which he sustained in the accident. See attached body charts on all inmates. All inmates involved in the accident where instructed to write statements. Inmates Lemon Tucker and Douglas Thompson were outside the van when the accident occurred. Inmate Joey Dennis pulled the freeworld victim from his vehicle. Other (7) seven listed inmates remained in the van when the accident occurred. See attached statements.

The State van being driven by Officer Ambers was #1548, Tag # S-3134B, Vehicle # A-26346, a 1997 Dodge Ram 3500, VIN # 2B5WB35Z3VK585894.

The driver of the vehicle which hit the State van was later identified as Gilbert M. Walker, Jr. of 1690 M-1 Trail, Warrior, AL 35180, DOB 7/23/34, DL# 1194868, Tag # 64A-8324, VIN# 2MEFM75W044628520. The extent of Mr. Walker's injuries were unknown, but he was transported to Baptist Hospital South.

An Employee First Report of Injury was completed and sent by fax to the Division of Risk Management. No further action taken.

ATTACHMENTS: Inmate Body Charts
(4) photos of scene
(8) statements of inmates
Ambulance Log
BHS Medical Sheets
List of accident victims


Willie Ambers, COI

ACCIDENT VICTIM LIST:

OFFICER WILLIE AMBERS

INMATE JOEY DENNIS W/224604

INMATE MARCUS JACKSON B/187650

INMATE PAUL LACO W/197687

INMATE LARRY LAMBERT W/195129

INMATE MARVIN NATION W/141669

INMATE DONALD PERDUE B/213809

INMATE DOUGLAS SPEARS W/184120

INMATE DOUGLAS THOMPSON W/166485R

INMATE LEAMON TUCKER B/125736 (not injured)

GILBERT WALKER (FREEWORLD)

**ER RECORD - Adult / Adolescent**

Regular M.D.:

Notified:

Immunization Hx: Tetanus ☐ UTD ☐ not UTD

Allergies:

PKDA (morphine) (nausea)

LMP:

Pregnant? ☐ Yes ☐ No ☐ Unsure

Home Made:

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started?) ☐ Yes ☐ No

Age at onset?

Regular ☐ Yes ☐ No

>65 yrs (Older Adult)

Assisting Devices: ☐ None ☐ Yes (list):Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility**PLAN OF CARE****Problems**

- ☐ Anxiety/Fear
☐ Body Temp. Abn. In
☐ Comm. Abn. In
☐ Coping Abn. In
☐ Elimination Abn. In
☐ Fluid Vol. Def/Ex
☐ Infection Potential
☐ Domestic Violence
☐ Abuse Potential (refer to Social Services)
☐ Pain
- ☐ Nutrition (refer to Dietitian)
☐ Knowledge Deficit
☐ Neuro Status
☐ Physical Mobility Impairment
☐ Resp. Function Abn.
☐ Skin Integrity, Abn. In
☐ Cultural/Religion
☐ Language

Intervention

- ☐ Anti-Puritic ☐ Sling/Splint
☐ Bleeding Control ☐ Teaching
☐ DSG/Wound Care ☐ Labs
☐ Emotional support ☐ X-Ray
☐ Ice/Elevate ☐ Meets As Ordered
☐ I&O ☐ Other

Time To Tx

14:10

Area:

Rm # 20

Patient Lst.

TRIAGE CATEGORY

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs

BP 145/85 ☐ See T Sheet

P 86

R 24

T 98

SPO₂ 100%**CHIEF COMPLAINT AND HISTORY**MVA - Restrained - Driver - back - Seat - Hit by another vehicle - Hit by another vehicle -

Analgesia Scale IVAS 0-10

/10 0 (no pain) 10 (worst)

GENERAL APPEARANCE & MENTAL STATUS

- | | | | | |
|---|--|---|---|---|
| General
<input type="checkbox"/> NAD
<input type="checkbox"/> Mild Distress
<input type="checkbox"/> Acute Distress | Skin-Temp
<input checked="" type="checkbox"/> Warm
<input type="checkbox"/> Hot
<input type="checkbox"/> Cool
<input type="checkbox"/> Cold | Respiration
<input type="checkbox"/> Unlabored
<input type="checkbox"/> Clear Bilat.
<input type="checkbox"/> Shallow
<input checked="" type="checkbox"/> Labored
<input type="checkbox"/> Wheezes
<input type="checkbox"/> Crackles
<input type="checkbox"/> Apneic
<input type="checkbox"/> Retraction
<input type="checkbox"/> Nasal Flaring
<input type="checkbox"/> Stridor | Pulse
<input type="checkbox"/> Regular
<input type="checkbox"/> Irregular
<input type="checkbox"/> Bounding
<input type="checkbox"/> Weak
<input type="checkbox"/> Absent | Mental Status
<input checked="" type="checkbox"/> Alert
<input type="checkbox"/> Oriented
<input type="checkbox"/> Age Appropriate
<input type="checkbox"/> Anxious
<input type="checkbox"/> Combative
<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Tearful
<input type="checkbox"/> Confused
<input type="checkbox"/> Agitated
<input type="checkbox"/> Disoriented |
|---|--|---|---|---|

☐ Social Services☐ PT☐ Dietitian☐ Animal Control☐ Coroner☐ DHR Referral☐ Police Notified

Weight:

stated / measured

Triage

Date 9/21/04 Time 14:10

Nurse

Signature: P. Bollinger RN

VITAL SIGNS

Time	14:10
B.P.	127/70
Temp.	
Pulse	67
Resp.	18
O ₂ Sat.	

LAB

- ☐ CBC ☐ Maj Trauma
☐ Cardiac ☐ Min Trauma
☐ Urinalysis ☐ EKG ☐ ETOH
☐ Liver Profile ☐ ABG ☐ UCG
☐ Amylase ☐ I-Stab ☐
☐ Chem Profile 7 ☐ Lipase
☐ Chem Profile 12 ☐ PT/PTT

X-RAY

- ☐ Chest ☐ Abd
☐ Portable ☐
☐ C ☐ e/e

DISCHARGEDate 9/21/04 Time 19:00
D. Q RN**DISPOSITION**

- ☐ Home
☐ Admit
☐ Surgery
☐ Transfer
☐ EXP
☐ AMA
☐ LWT
☐ SNF
☐ Other
☐ M.D. Office

EXIT VIA

- ☐ Walk
☐ Gaited
☒ EMS
☐ Stretcher
☐ Ambulance
☐ ACCOM. BY
☐ Self
☐ Family/Friend
☐ Police
☐ Other

Certified Medical Emergency ☒ YES ☐ NODiagnosis: ☐ See T SheetP. Bollinger RN
P. Bollinger RN

Condition On Discharge

Physician Signature

NURSE'S NOTES

PHYSICIAN'S ASSESSMENT

ORDERS

Medications

Dose

Route

Time

Site

Nurse

Certified Medical Emergency ☒ YES ☐ NODiagnosis: ☐ See T SheetP. Bollinger RN
P. Bollinger RN

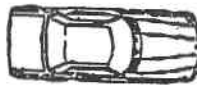
Condition On Discharge

Physician Signature



80426300476
 DOB: 03/19/67 NATION, MARVIN
 Admit Date/Time: 09/21/04 1428P
 920 ALEXANDER, D GREGORY

DATE: TIME: 2:30 ROOM: 2B EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: MVA Injury to: Lt leg, hip, back																			
occurred: Just PTA	position in vehicle: driver passenger front back																		
context: car collision overturned vehicle single-car accident (lost control / fell asleep / unknown cause)																			
location of pain / injuries:	<table border="1"> <tr> <th>right</th> <th>left</th> </tr> <tr> <td>shoulder</td> <td>shoulder</td> </tr> <tr> <td>arm</td> <td>arm</td> </tr> <tr> <td>thigh</td> <td>thigh</td> </tr> <tr> <td>elbow</td> <td>elbow</td> </tr> <tr> <td>knee</td> <td>knee</td> </tr> <tr> <td>leg</td> <td>leg</td> </tr> <tr> <td>ankle</td> <td>ankle</td> </tr> <tr> <td>foot</td> <td>foot</td> </tr> </table>	right	left	shoulder	shoulder	arm	arm	thigh	thigh	elbow	elbow	knee	knee	leg	leg	ankle	ankle	foot	foot
right	left																		
shoulder	shoulder																		
arm	arm																		
thigh	thigh																		
elbow	elbow																		
knee	knee																		
leg	leg																		
ankle	ankle																		
foot	foot																		
head face mouth neck chest gastrointestinal back upper mid lower radiating to (R. thigh / leg)																			
severity of pain: severe	associated symptoms: lost consciousness / dazed duration: remembers: impact coming to hospital seizure																		
site of impact: "P" = primary "S" = secondary  force low mod. high direct glancing	restraints: none lap / shoulder doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication																		

PAST HX negative
 HTN DM Pancreatitis
 Meds: none see nurses note
 Allergies: NKDA / see nurses note
 SOCIAL HX recent FTOH smoker drug abuse
 FAMILY HX Non-Cath
 HX / EXAM UNOBTAINABLE 2° TO:
 ROS Best systems neg except as mild
 NEURO
 loss feeling / power arms/legs
 headache
 EYES
 double vision
 ENT
 hearing loss
 RESPIRATORY
 trouble breathing
 CVS
 chest pain
 GI
 nausea / vomiting
 GU
 loss of bladder function
 SKIN
 skin laceration
 CONST
 recent fever / illness

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17

Baptist Health
 EMERGENCY PHYSICIAN RECORD
 MVA (5)

☐ Nursing Assessment Reviewed ☐ Vitals Reviewed ☐ Tetanus Immun.
 PHYSICAL EXAM Alert Lethargic Anxious
 Distress NAD mild moderate severe
 Other c-collar (PTA / In ED) back-board IV splint

HEAD see diagram
 no evidence of trauma
 Neck see diagram
 non-tender
 painless ROM
 no cervical tenderness
 no pain on movement of neck



EYES unequal pupils R. mm L. mm
 PERL EOM
 ENT hemotympanum
 TM obscured by wax
 clotted nasal blood
 dental injury malocclusion
 RESP / CVS see diagram (on reverse)
 chest non-tender
 breath sounds normal
 heart sounds normal
 wheezing / rales
 splinting / paradoxical movements

GASTROINTESTINAL
 non-tender
 no organomegaly
 see diagram (on reverse)
 tenderness / guarding / rebound
 mass / organomegaly

GENITAL / RECTAL
 nml genital exam
 nml vaginal exam
 nml rectal exam
 hema negative stool
 perineal hematoma
 blood at urethral meatus
 decreased rectal tone

NEURO / PSYCH
 oriented x3
 mood & affect
 CN's nml
 as tested
 sensation &
 motor nml
 confusion / disorientation
 EOM palsy / anisocoria
 facial asymmetry
 unsteady / ataxic gait
 sensory / motor deficit

RN/PA/NP

SKIN

intact
 warm, dry

BACK

no CVA
 tenderness
 no vertebral
 tenderness

EXTREMITIES

atraumatic
 pelvis stable
 hips non-tender
 no pedal edema
 nmt ROM

see diagram

crepitus / diaphoresis

see diagram

vertebral point-tenderness

CVA tenderness

muscle spasm / limited ROM

see diagram

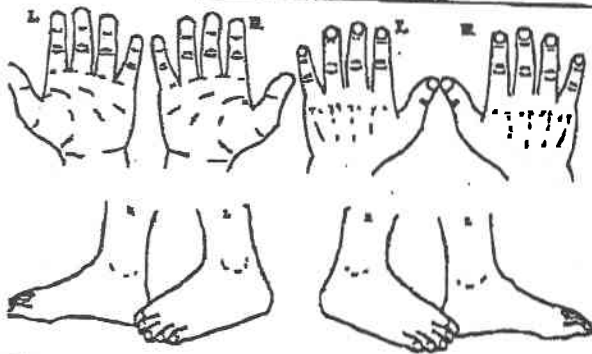
bony point-tenderness

painful unable to bear weight

pulse deficit

Joint Exam:

limited ROM / ligaments laxity / joint effusion



KRAYS

☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

Spine D-Spine LS-Spine

nmt / NAD
 no fracture
 nmt alignment
 soft tissues nmt

reversal / straightening of cerv. lordosis
 DJD / spondylosis / spurring

CXR

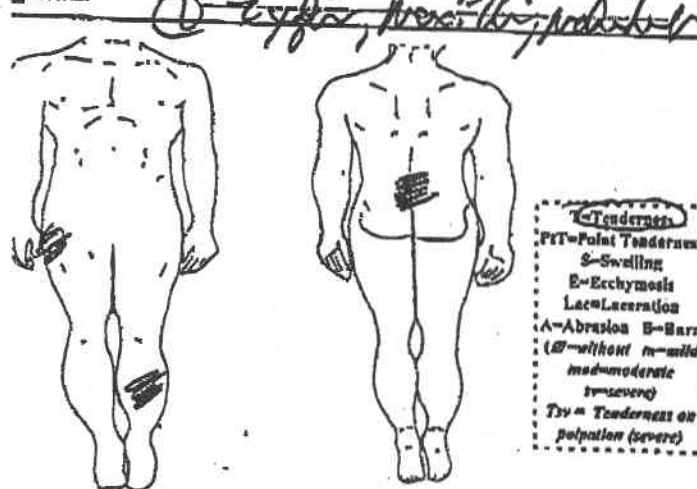
nmt / NAD
 no infiltrates
 nmt heart size
 nmt mediastinum

rib fracture
 infiltrate / atelectasis

OTHER ☐ See separate report

CT SCAN

normal



Tenderness
 P/T = Point Tenderness
 S = Swelling
 E = Ecchymosis
 Lac = Laceration
 A = Abrasion B = Burn
 (M) = without moderate
 (mod) = moderate
 (sev) = severe
 Txy = Tenderness on
 palpation (severe)

LABS and PROGRESS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
segs	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time 1736 unchanged improved re-examined
 Re-evaluation time 190 unchanged improved re-examined
 Re-evaluation time unchanged improved re-examined

O2 sat 100% RA Nmt
 EKG 72 B/min Nmt RPR

use template #23b for Laceration Repair

TREATMENT:

Fluids IV
 Analgesics PO IM IV
 Antibiotics PO IM IV

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with

Discussed with Dr. [Signature]
 will see patient in: office / ED / hospital
 Counselled patient / family regarding:
 lab results diagnosis need for follow-up
 Admit orders written

CRIT CARE- 30-74 min
 75-104 min min
 Prior records ordered
 Additional history from:
 family caretaker paramedics

CLINICAL IMPRESSION:

MVA

contusion	injury	sprain/strain
head	wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg R/L	
arm R/L	ankle R/L	
elbow R/L	foot R/L	
forearm R/L		
		concussion with LOC w/o LOC
		laceration

**DISPOSITION-
 CONDITION:**

☐ home ☐ admitted ☐ transferred
☐ unchanged ☐ improved ☐ stable

x [Signature] MD/DO x [Signature] MD/DO
 [Signature] Attending
☐ If review, Patient interviewed, Medical Decision Making, and Examined by Physician.

80426500476
 DOB: 03/19/67 Age: 37Y MR #567116
 Admit Date/Time: 09/21/04 1428P
 920 ALEXANDER, D GREGORY

**Baptist Health
 Emergency Room
 Discharge Instructions**

Page 1 of 1

DISCHARGE INS

Weight: _____ Phone: _____ Allergies: _____

MEDICINES PRESCRIBED If non, check this box: ☐ **VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.** Location: South

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. <i>Licor 4 (+) H 20 T 94H RMC</i>			<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Aspirin 500 H 21 T lid</i>			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- ☐ Asthma
- ☐ Back Pain
- ☐ Cast / Splint Care
- ☐ Crutches
- ☐ Fever
- ☐ Fracture
- ☐ Head Injury
- ☐ Otitis Media
- ☐ Sprains / Bruises
- ☐ STD
- ☐ Threatened Ab
- ☐ Vomiting / Diarrhea
- ☐ Wound Care
- ☐ Other(s): _____

Return for signs of infection
 > Redness
 > Swelling
 > Drainage
 > Heat

*To Dr. Cross, Chapman 1pm tomorrow
 Call Dr. McCarty 281-5320 or an R.S. schedule
 PCN. Kerson family member*

Referred to: ☐ Dr. _____
 Phone: _____
☐ Call on next business day for follow-up appointment
 in _____ days / weeks ☐ next available

☐ Return to Emergency Dept. in _____ hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

[Signature]
☐ Patient
☐ Relative
☐ Other

Instructed By: *[Signature]* Physician: *[Signature]* Time Released: *1945* Hrs.

WORK / SCHOOL STATEMENT from the Emergency Department

attent Name: _____ Date: _____

- ☐ Patient was seen by Dr. _____
- ☐ No athletics / physical education: _____ days*
- ☐ May return to work / school without restrictions
- ☐ Will require time off work / school. Estimated time: _____ days*
- ☐ Must be reevaluated by family / occupational physician before returning to school / work.
- ☐ May return to restricted duties for _____ days*
- ☐ Restrictions: _____
- ☐ _____ was here with relative / child.
- ☐ Other: _____

* off from School or Work longer than 3 days should be approved by a Personal or Company/ Occupational Medicine Specialist



BO428500476 NATION, MARVIN
DOB: 03/18/67 Age: 37Y MR #: 587116
Admit Date/Time: 09/21/04 1428P
820 ALEXANDER, D GREGORY

ADDRESSGRAPH



EMERGENCY TRAUMA FLOW SHEET

Time trauma alert called _____ Alert called by _____ Trauma Alert Downgraded ☐ Yes ☐ No Level ☐ One ☐ Two
Recording RN [Signature] ED MD Dr. John [Signature]
Date 9/21/04 Time patient arrived 14:20 Age _____ ☒ Male ☐ Female Transferred from ☒ Accident scene ☐ Another facility
If from another facility time spent at referring hospital _____ Transported by ☒ Ambulance ☐ Air ☐ Car ☐ Other _____

CAUSE OF INJURY

- | | |
|-------------------------|------------------------|
| 1. Motorcycle Crash | 6. Industrial Accident |
| 2. Bicycle | 7. GSW |
| 3. Pedestrian vs _____ | 8. Other <u>MICA</u> |
| 4. Fall from _____ feet | 9. Unknown |
| 5. Burn | |

MECHANISM OF INJURY

- ☐ Driver ☒ Passenger ☐ Front ☐ Back _____ MPH
☐ Spider Windshield ☐ Bent Steering Wheel ☐ Ejected

PROTECTIVE DEVICE

- | | |
|---|------------------|
| 1. Seat Belt <input type="checkbox"/> lap <input type="checkbox"/> shoulder | 5. None |
| 2. Helmet | 6. Air Bag |
| 3. Car Seat | 7. Not Available |
| 4. Protective Clothing | 8. Other |

PREHOSPITAL SUMMARY

PREHOSPITAL VITAL SIGNS: B/P _____ Pulse _____ Resp _____
AIRWAY: ☐ Yes ☐ No
BREATHING: ☐ Spontaneous ☐ Assisted ☐ BVM ☐ Labored ☐ Unlabored
☐ Intubated (tube size _____ by whom _____)
☐ O₂ @ _____ LPM by _____
CIRCULATION: IVFs #1 _____ Bag Size _____ Site _____
Cath size _____ LiB on arrival _____
IVFs #2 _____ Bag size _____ Site _____
Cath size _____ LiB on arrival _____
☒ C Collar ☒ Backboard ☒ Headroll ☒ Straps ☐ CPR
☐ Direct pressure
☐ Splints _____ ☐ Dressings _____
☐ MAST _____

TRAUMA TEAM

TEAM	NAME	Time Paged	Time Called	Time Arrived	Time Pt Seen
Lab Phlebotomist					
Blood Bank					
Radiology Tech					
Resp Therapy					
US Technician					
General Surg					
Orthopedic Surg					
Neurosurgeon					
CV Surgeon					
Social Services					
Pastoral Care					
Other					

HISTORY

Patient's chief complaint _____

Past medical history Pancreatitis
Abdominal Surgery 1994

Medications DAllergies WDA

Tetanus status 2003 Last meal 8 AM
LMP 2003 Weight _____ ☐ est ☐ Measured

PRIMARY SURVEY

AIRWAY	<input type="checkbox"/> Clear	<input type="checkbox"/> Obstructed
BREATHING	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> O ₂ _____ L
	<input type="checkbox"/> Assisted	<input type="checkbox"/> BVM
	<input type="checkbox"/> Labored	<input type="checkbox"/> Unlabored
Right	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Left	<input type="checkbox"/> Present	<input type="checkbox"/> Absent

CIRCULATION

☐ External Hemorrhage
Pulses PAP ☐ RUE ☐ LUE ☐ RLE ☐ LL

SKIN SIGNS

☐ Normal ☐ Warm ☐ Dry ☐ Pale
☐ Cyanotic ☐ Cool ☐ Diaphoretic ☐ Flushed
R Size: _____ Reaction _____ L Size: _____ Reaction _____

PUPILS

N = Normal S = Sluggish F = Fixed
● ● ● ● ● ● ● ●
1 2 3 4 5 6 7 8

INITIAL VITAL SIGNS

ON ARRIVAL	CUFF B/P	P	R	T	SpO ₂
VS					

COMMENTS

IV FLUIDS / IVPB

RN

[illegible]

MEDICATIONS

[illegible]

INTAKE

OUTPUT

		OUTPUT	
IV		URINE	
BLOOD		NGT	
PO		CHEST TUBE	
TOTAL		TOTAL	

LABORATORY

RADIOLOGY

TRAUMA PROFILE	Time Sent	Time Arrive		Time	Time Seen	Result
Differential			C Spine Lat Portable			
Metabolic Profile			Chest Portable			
			Pelvis Portable			
PT/PTT			Completion C sp			
HCG						
Type & Cross #			CT Brain			
Type & Screen			CT Chest			
UA* DIP <input type="checkbox"/> Pos <input type="checkbox"/> Neg			CT Pelvis			
Sent <input type="checkbox"/> Yes <input type="checkbox"/> No			CT Abdomen			
ETOH			Angiography			
Drug Screen			US + or -			
ABG			To OR p US			<input type="checkbox"/> Yes <input type="checkbox"/> No
			To CT = US			<input type="checkbox"/> Yes <input type="checkbox"/> No



B0426500478 NATION, MARVIN
DOB: 03/19/67 Age: 37Y MR #: 567118
Admit Date/Time: 09/21/04 1425P
920 ALEXANDER D GREGORY

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1639
Patient's Room: E/R
Patient Type: E/R

Exam
0453 CT-FACIAL W/O CONTRAST
Ord Diag: ;MVC

Check-in No.
1788322

NATION, MARVIN K.

CT FACIAL BONES:

HISTORY: MVA

Numerous left-sided facial bone fractures are present. There is a fracture of the inferior orbital rim on the left with displacement of fragment of bone slightly centrally into the left orbit. There is bone displaced medially which is causing mass affect on the lateral rectus muscle. The bone is abutting and may be slightly compressing the left inferior rectus muscle. There has been no herniation of orbital contents into the left maxillary sinus. There is a mildly displaced fracture of the lateral wall left orbit.

Evaluation of the left maxillary sinus shows a second fracture of the left orbital rim which is depressed slightly into the maxillary sinus. There is also a displaced comminuted fracture of the lateral wall with central displacement of several bony fragments. The left maxillary sinus is completely opacified from hemorrhage.

There is a fracture of the ramus of the left mandible. There are numerous fractures of the left zygomatic arch. Fracture lines extend inferiorly to involve the lateral aspect of the left maxilla posteriorly. No temporal bone fractures are seen. Remaining facial bones are intact.

IMPRESSION:

(Continued)

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K

MR #: B000567116

Account #: 0426500476

Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1639

Patient's Room: E/R

Patient Type: E/R

Checkin-Exam Code Summary
1788322-0453

- 1) INFERIOR AND LATERAL ORBITAL WALL FRACTURES ON THE LEFT WITH SOME DISPLACEMENT OF BONY FRAGMENTS CENTRALLY INTO THE ORBIT WITH MILD IMPINGEMENT OF THE INFERIOR AND LATERAL RECTUS MUSCLES.
- 2) THE ORBITAL FLOOR FRACTURE HAS A COMPONENT WITH BONY FRAGMENTS DISPLACED MEDIALY INTO THE MAXILLARY SINUS, HOWEVER, THERE IS NO HERNIATION OF ORBITAL CONTENTS.
- 3) COMPLEX FRACTURE OF THE LATERAL MAXILLARY WALL WITH CENTRAL DISPLACEMENT OF BONY FRAGMENTS. FRACTURE LINE ALSO EXTENDS TO INVOLVE THE LATERAL ASPECT OF THE MAXILLA.
- 4) FRACTURE OF THE LEFT MANDIBLE AT THE LEVEL OF THE RAMUS.
- 5) NUMEROUS FRACTURES OF THE LEFT ZYGOMATIC ARCH.

/READ BY/ GORDON V SMITH, M.D.

/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1640
Patient's Room: E/R
Patient Type: E/R

Exam
0458 CT-CERVICAL SPINE W/O CONTRAST
Ord Diag: MVA

Check-in No.
1788332

NATION, MARVIN K

CT CERVICAL SPINE WITHOUT CONTRAST:

HISTORY: Motor vehicle accident.

3mm thick axial images were obtained. Sagittal and coronal images are reconstructed.

Cervical vertebral bodies are of normal alignment. There is no subluxation or fracture. The odontoid is intact. The lateral masses of C1 maintain normal alignment with the of C2. No focal bony lesions are seen.

IMPRESSION:

NORMAL STUDY OF THE CERVICAL SPINE, NEGATIVE FOR FRACTURE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR F ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1639
Patient's Room: E/R
Patient Type: E/R

Exam
0450 CT-HEAD WITHOUT IV CONTRAST
Ord Diag: ;MVA

Check-in No.
1788246

NATION, MARVIN K

CT HEAD WITHOUT CONTRAST:

HISTORY: motor vehicle accident

Unenhanced axial images were obtained from the skull base to the vertex.

Evaluation of the posterior is normal. The region of the sella turcica is unremarkable.

Supratentorially, there is no evidence of intra or extraaxial hemorrhage. There is no mass or infarct. Ventricle system is midline and normal in configuration. Review of the skull is normal.

IMPRESSION:

NORMAL STUDY.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1513
Patient's Room: E/R
Patient Type: E/R

Exam
3510 DR-HIP RT 2 V. INCLUDES PELVIS
Ord Diag: MVA

Check-in No.
1788284

NATION, MARVIN K.

RIGHT HIP:

History: Motor vehicle accident.

Two views were obtained of the right hip. There is no fracture or dislocation. Articular surface of the femoral head is smooth and normal in appearance. The acetabulum and visualized portions of the right side of the pelvis are normal.

IMPRESSION: NORMAL.

JH

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type: E/R

Exam
3996 DR-LOWER LEG ROUT LEFT 2 VIEWS
Ord Diag: ;MVA

Check-in No.
1788247

NATION, MARVIN K

LEFT LOWER LEG:

HISTORY: MOTOR VEHICLE ACCIDENT

AP and lateral views were obtained. There is no fracture of either the tibia or fibula. Knee and ankle are unremarkable. No focal bony lesions are seen.

IMPRESSION:

1. NORMAL.

TB

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type: E/R

Exam
2040 DR-CERVICAL SPINE AP & LAT
Ord Diag: ;MVA

Check-in No.
1788248

NATION, MARVIN K.

CERVICAL SPINE:

HISTORY: Neck pain, MVA

The cervical spine is seen to the C7-T1 level. Vertebral bodies are normal alignment with no subluxation or fracture noted.

IMPRESSION: NORMAL LATERAL VIEW.

MEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type: E/R

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;MVA

Check-in No.
1788250

NATION, MARVIN K.

CHEST:

Heart and mediastinal structures are unremarkable. Lungs are clear of infiltrates and effusions. There is no pneumothorax. Osseous structures are unremarkable.

IMPRESSION: NEGATIVE.

MEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1456
Patient's Room: E/R
Patient Type: E/R

Exam
6708 US-ABDOMEN LIMITED
Ord Diag: ;MVA

Check-in No.
1788251

NATION, MARVIN

ABDOMINAL ULTRASOUND:

History: Abdominal pain after motor vehicle accident.

The study was performed to evaluate for free intraperitoneal fluid. Evaluation of each quadrant of the abdomen showed no free intraperitoneal fluid. Visualized portions of abdominal organs are normal.

IMPRESSION:
NORMAL STUDY, NEGATIVE FOR FREE INTRAPERITONEAL FLUID.

ARG

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: NATION, MARVIN K
MR #: B000567116
Account #: 0426500476
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1512
Patient's Room: E/R
Patient Type: E/R

Exam
2012 DX-LUMBAR SPINE 1 VIEW
Ord Diag: MVA

Check-in No.
1788283

NATION, MARVIN K

LUMBAR SPINE:

HISTORY: BACK PAIN FOR MOTOR VEHICLE ACCIDENT

Single lateral view was obtained of the lumbar spine. Vertebral body heights and disc spaces are preserved. No subluxation is seen. There is no evidence of fracture.

IMPRESSION:

NEGATIVE, NO ABNORMALITY SEEN ON THIS SINGLE LATERAL VIEW OF THE LUMBAR SPINE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

TB

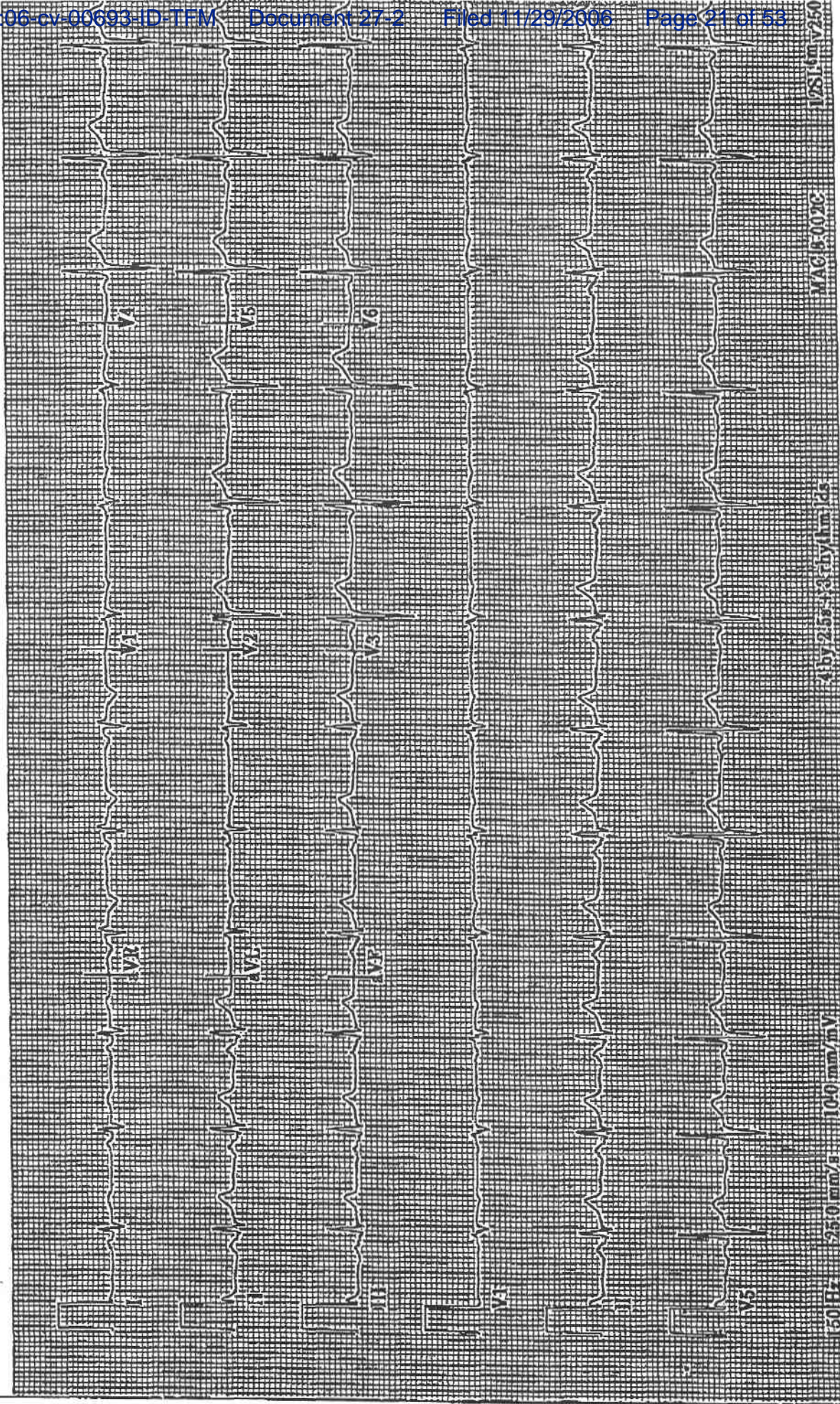
%
NATION MARVIN
DOB: 03/19/67 Age: 37Y MR #567116
Admit Date/Time: 09/21/04 1428P
920 ALEXANDER, D GREGORY

Rightward axis
Borderline ECG

PR interval 140 ms
QRS duration 94 ms
QT/QTc 365/400 ms
P-R-T axes 46 90 72

Male Caucasian
Room: 2b
Technician: ald

Unconfirmed
Referred by: alexander, gregory



150 Hz 25.0 mm/s 10.0 mm/mV
4 by 2.5s + 3.5s/hm/s
MAG 5-002C
V5

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B0426500486 DENNIS, JOEY
DOB: 09/12/78 Age: 26Y MR #: 567119
Admit Date/Time: 09/21/04 1435P
911 MOOREHOUSE, JOHN D

%

mis 26

DATE: 9/21/04 TIME: 2:30 ROOM: 4B EMS Arrival

HISTORIAN: patient spouse paramedics

HX/ EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: Injury to: both legs
occurred: just PTA 1 hour ago
today
yesterday
days PTA
where: home school neighbor's city park work street

context: Car accident

location of pain / injuries:

head face mouth
neck chest
gastrointestinal
back upper mid lower
radiating to R/L thigh / leg

-right-		-left-	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
farm	leg	farm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:

mild
moderate
severe

associated symptoms:

lost consciousness / dazed
duration:
remembers: Impact coming to hospital
seizure

PAST HX negative
HTN DM

Meds: none see nurses note
Allergies: NKDA see nurses note

SOCIAL HX recent ETOH smoker drug abuse
FAMILY HX DM HTN

HX/ EXAM UNOBTAINABLE 2° TO:

ROS all systems neg except as noted

NEURO loss feeling power arms/legs
headache

EYES double vision

ENT hearing loss

RESPIRATORY trouble breathing

CVS chest pain
GI nausea / vomiting
GU loss of bladder function
SKIN skin laceration
CONST recent fever / illness

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18 1 of 1 1 of 2

Baptist Health
EMERGENCY PHYSICIAN RECORD
Multiple Trauma (5)

Nursing Assessment Reviewed ☒ Vitals Reviewed ☒ Tetanus Immun. UTD

PHYSICAL EXAM Distress: NAD (Alert) Lethargic Anxious
Other: mild moderate severe
c-collar (P/T in ED) back-board IV splint

HEAD

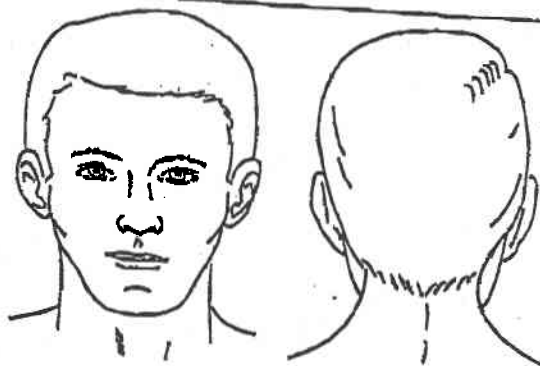
no evidence of trauma

see diagram
Bardet's sign / Raccoon Eyes

NECK

non-tender
full ROM
trachea midline

see diagram
vertebral point-tenderness
muscle spasm / decreased ROM
pain on movement of neck



EYES

PERIL
EOMI

unequal pupils R: mm L: mm
EOM entrapment / palsy
subconjunctival hemorrhage

ENT

nm external
inspection
no dental injury

hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP / CVS

chest non-tender
breath sounds nml
heart sounds nml

see diagram (on reverse)
decreased breath sounds
wheezing / rales
splinting / paradoxical movements

GASTROINTESTINAL

non-tender
no organomegaly

see diagram (on reverse)
tenderness / guarding / rebound
mass / organomegaly

GENITAL / RECTAL

nm genital exam
nm vaginal exam
nm rectal exam
heme negative stool

perineal hematoma
blood at urethral meatus
decreased rectal tone

NEURO / PSYCH

oriented x3
mood & affect
RN's nml
tested sensation & motor nml

confusion / disorientation
EOM palsy / anisocoria
facial asymmetry
unsteady / ataxic gait
sensory / motor deficit



DATE: 9/22/2004 RN: PAINE

SKIN

intact
 warm, dry

BACK

no EVA
 tenderness
 no vertebral
 tenderness

EXTREMITIES

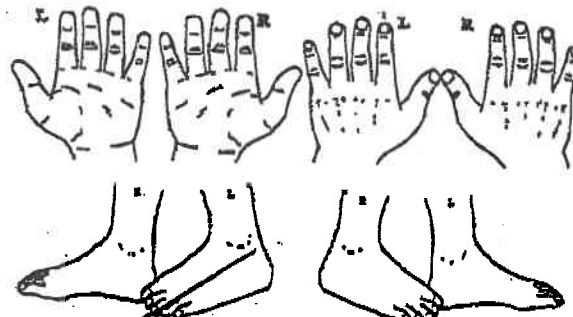
no traumatic
 no pedal edema
 nml ROM

see diagram
 crepitus / diaphoresis

see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM

see diagram
 bony point-tenderness
 painful / unable to bear weight
 pulse deficit

limited ROM / ligaments laxity / joint effusion



XRAYs

☒ Interp. by me ☐ Reviewed by me ☐ Discard w/ radiologist

C-Spine D-Spine LS-Spine

nml / NAD
 no fracture
 nml alignment
 soft tissues nml

CXR

nml / NAD
 no infiltrates
 nml heart size
 nml mediastinum

OTHER

☐ See separate report

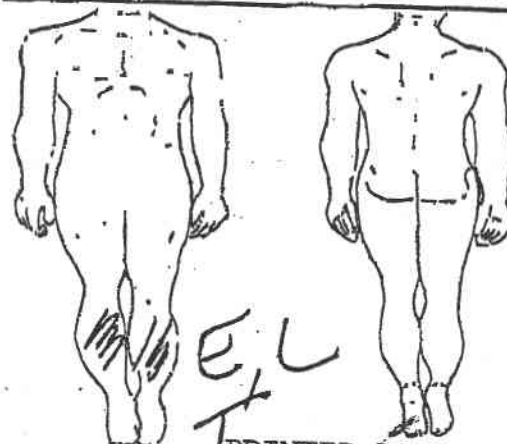
CT SCAN

normal

Ultrasound

ED Physician

Radiology



T=Tenderness
 P=Point Tenderness
 S=Swelling
 E=Erythema
 L=Laceration
 A=Abrasion B=Burn
 (B=without m=moderate
 n=severe)
 T= Tenderness on
 palpation (severe)

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LABS and PROGRESS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
sags	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time _____ unchanged _____ improved _____ re-examined
 Re-evaluation time _____ unchanged _____ improved _____ re-examined
 Re-evaluation time _____ unchanged _____ improved _____ re-examined

*Bill J Leg Center signs
 will be with physical
 and refer to Phys*

use template #23b for Laceration Repair

TREATMENT:

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with

Discussed with Dr. _____
 will see patient in: office / ED / hospital
 Counseled patient / family regarding:
 lab results diagnosis need for follow-up
 Admit orders written

CRIT CARE- 30-74 min
 75-104 min _____ min
 Prior records ordered
 Additional history from:
 family caretaker paramedics

CLINICAL IMPRESSION:

Contusion	Injury	sprain / strain
head	wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg <u>R/L</u>	<u>concussion</u>
arm R/L	ankle R/L	with LOC w/o LOC
elbow R/L	foot R/L	
forearm R/L		<u>laceration</u>

DISPOSITION- ☐ home ☐ admitted ☐ transferred
 CONDITION- ☐ unchanged ☐ improved ☒ stable

Paul Harris MD/DO
 Resident
 Attending
 MD/DO

☐ If review, Patient interviewed, Medical Decision Making, and Examined by

DATE 9/22/2004

**ER RECORD - Adult / Adolescent**

Regular M.D.:

Notified:

Immunization Hx: Tetanus ☐ UTD ☐ not UTD

Allergies:

None

LMP:

Pregnant? ☐ Yes ☐ No ☐ Unsure

Home Meds:

none

%

30426500486 DENNIS, JOEY

DOB: 09/12/78 Age: 26Y MR #567119

Admit Date/Time: 09/21/04 1435P

911 MOOREHOUSE, JOHN D

Patient Lvl

TRIAGE CATEGORY

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - 0 Non-Urgent

Vital Signs

BP 105/107

P 112

R 18

T 96.9

SPO₂ 95

CHIEF COMPLAINT AND HISTORY

unrestrained passenger MVC
bilateral leg pain

Analgesia Scale (VAS 0-10)

/10 0 (no pain) 10 (worst)

GENERAL APPEARANCE & MENTAL STATUS

General

☐ NAD
☐ Mild Distress
☐ Acute Distress

Skin Temp

☐ Warm
☐ Hot
☐ Cool
☐ Cold

Respiration

☐ Unlabored
☐ Clear Bilat.
☐ Shallow
☐ Labored

Pulse

☐ Regular
☐ Irregular
☐ Bounding
☐ Weak
☐ Absent

Mental Status

☐ Alert
☐ Oriented
☐ Age Appropriate
☐ Weak
☐ Anxious
☐ Combative
☐ Unresponsive
☐ Tearful
☐ Confused
☐ Agitated
☐ Disoriented

Skin Color

☐ Pink
☐ Flushed
☐ Pale
☐ Ashen
☐ Cyanotic
☐ Jaundiced

Skin Moisture

☐ Dry
☐ Diaphoretic
☐ Gait
☐ Steady
☐ Unsteady
☐ Visual Acuity: O.S.: O.D.: O.U.:

Wheezes

☐ Crackles
☐ Apneic
☐ Retraction
☐ Nasal Flaring
☐ Stridor

Neuro Status

☐ Normal
☐ Stunned Speech
☐ Weakness L/R

Mental Status

☐ Alert
☐ Oriented
☐ Age Appropriate
☐ Weak
☐ Anxious
☐ Combative
☐ Unresponsive
☐ Tearful
☐ Confused
☐ Agitated
☐ Disoriented

Social Services

☐ Animal Control
☐ DHR Referral
☐ Police Notified

PT

☐ Dietitian
☐ Coroner

Weight:

stated / measured

Triage Nurse

Signature:

Date

Time 1430

R. Roberts

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started? ☐ Yes ☐ No Age at onset? Regular ☐ Yes ☐ No)

>65 yrs (Older Adult)

Assisting Devices: ☐ None ☐ Yes (list):Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility

PLAN OF CARE

Problems

☐ Anxiety/Fear
☐ Body Temp. Alt. In
☐ Comm. Alt. In
☐ Coping Alt. In
☐ Elimination Alt. In
☐ Fluid Vol., Def/Ex
☐ Infection Potential
☐ Domestic Violence
☐ Abuse Potential (refer to Social Services)
☐ Pain
☐ Nutrition (refer to Dietitian)
☐ Knowledge Deficit
☐ Neuro Status
☐ Physical Mobility Impairment
☐ Resp. Function Alt.
☐ Skin Integrity, Alt. In
☐ Cultural/Religion
☐ Language

Intervention

☐ Anti-Pretic
☐ Bleeding Control
☐ DSG/Wound Care
☐ Emotional support
☐ Ice/Elevate
☐ I & O
☐ Other
☐ Sing/Splint
☐ Teaching
☐ Labs
☐ X-Ray
☐ Meds As Ordered
☐ O₂Time To Tx
Area:

Rm #

VITAL SIGNS

Time	
B.P.	
Temp.	
Pulse	
Resp.	
O ₂ Sat.	

LAB

☐ CBC
☐ Cardiac
☐ Urinalysis
☐ Liver Profile
☐ Amylase
☐ Chem Profile 7
☐ Chem Profile 12
☐ PT/PTT
☐ Maj Trauma
☐ Min Trauma
☐ EKG
☐ ETOH
☐ ABG
☐ UCG
☐ I-Stat
☐ Lipase

X-RAY

☐ Chest
☐ Portable
☐ Abd
☐ e/s

DISCHARGE

Date 9/21/04 Time 1730
D.C. BY M.D.

DISPOSITION

☐ Home
☐ Admit
☐ Surgery
☐ Transfer
☐ EXP
☐ AMA
☐ LW
☐ SWF
☐ Other
☐ M.D. Office
☐ Walk
☐ Carry
☐ WC
☐ Stretcher
☐ Ambulance
☐ ACCOM. BY
☐ Self
☐ Fam/Friend
☐ Police
☐ Other

Medications

Dose

Route

Time

Site

Nurse

Certified Medical Emergency ☐ YES ☐ NODiagnosis: ☐ See T Sheet

Condition On Discharge

Physician Signature



80426500486 DENNIS, JOEY
 DOB: 09/12/78 Age: 26Y MR #567119
 Admit Date/Time: 09/21/04 1435P
 911 MOOREHOUSE, JOHN D



**Baptist Health
 Emergency Room
 Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills
1. <i>Paracetamol N 100</i>	<i># 10</i>	<i>Q4-6 prn fever</i>	<input checked="" type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- ☐ Asthma
☐ Back Pain
☐ Cast / Splint Care

- ☐ Crutches
☐ Fever
☐ Fracture

- ☐ Head Injury
☐ Otitis Media
☐ Sprains / Bruises
☐ STD

- ☐ Threatened Ab
☐ Vomiting / Diarrhea
☐ Wound Care
☐ Other(s)

Return for signs of infection
 > Redness
 > Swelling
 > Drainage
 > Heat

Additional Instructions:

Handwritten notes:
 (3) *for x 7X 15 then heat - to tone*
PRN prn / phlegm

Referred to:

- ☐ Dr. _____
 Phone: _____
☐ Call on next business day for follow-up appointment
 In _____ days / weeks ☐ next available

- ☐ Return to Emergency Dept. In _____ hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician
 or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

Handwritten signature: *Dr. H. W. Hill - cor*

☒ Patient
☐ Relative
☐ Other

Instructed By:

Physician:

Time
Released

> *11:30* Hrs.

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- ☐ Patient was seen by Dr.
☐ No athletics / physical education: _____ days
☐ May return to work / school without restrictions
☐ Will require time off work / school. Estimated time: _____ days
☐ Must be reevaluated by family / occupational physician before returning to school / work.
- ☐ May return to restricted duties for _____ days
 Restrictions: _____
☐ _____ was here with relative / child.
☐ Other: _____

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: DENNIS, JOEY
MR #: B000567119
Account #: 0426500486
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1529
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
3996 DR-LOWER LEG ROUT LEFT 2 VIEWS
Ord Diag: ;R/O FX, MVC

Check-in No.
1788254

DENNIS, JOEY

LEFT LEG:

PA and lateral views show no fracture of the tibia or fibula. Knee and ankle are unremarkable.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

PRINTED BY: b17606

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: DENNIS, JOEY

MR #: B000567119

Account #: 0426500486

Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1529

Patient's Room: DIS - E/R

Patient Type: E/R

Exam

3595 DR-LOWER LEG ROUT RIGHT 2 VIEWS

Ord Diag: ;R/O FX, MVC

Check-in No.

1788255

DENNIS, JOEY

RIGHT LOWER LEG:

There is no fracture of the tibia or fibula. There is an oval-shaped well-defined sclerotic lesion in the proximal tibia which likely represents a healed fibrous cortical defect.

IMPRESSION: NEGATIVE, NO ACUTE FINDINGS.

/READ BY/ GORDON V SMITH, M.D.

/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

PRINTED BY: b17606

DATE 9/22/2004

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116
Tue Sep 21, 2004 09:33 pm
Outpatient Summary Report

Pat Name: DENNIS, JOEY
Unit #/Acct #: 000567119/B0426500486
Loc: E/R 09/21/04
Phys-Service: ALEXANDER, D GREGORY - EMERGENCY

Page: 1

In: 09/21/04 1509
Out: 09/21/04 1509
Coll Time: 09/21/04 1509
Order Phys: MOOREHOUSE, JOHN D

| CBC |

Spec: Bloc
Techs: VFHLB TB578

[B0426500486/52238]

*STAT*STAT*STAT*

Result Name

Result

WBC(thou/cmm):	13.7 H	4.0-10.0
RBC(mill/cumm):	5.26	4.2-5.9
Hgb(gm/dl):	16.9	13.0-17.5
Hct(%):	48.0	39-51
MCV(fl):	91	80-100
MCH(pg):	32	26-34
MCHC(%):	35	31-35
Plt ct(thou/cmm):	257	150-440
RDW(%):	11.8	11.5-14.5
Neutrophils(%):	83 H	45-75
Lymphs(%):	11 L	20-53
Monos(%):	6	2-12
Eos(%):	0	0-8
Basos(%):	0	0-2

End of Report - 09/21/04 2133P

Outpatient Summary Report

DENNIS, JOEY
000567119/B0426500486
E/R 09/21/04
(M-09/12/78)
Dr. ALEXANDER, D GREGORY

PRINTED BY: b17606

DATE 9/22/2004



0426500486 DENNIS, JOEY



Baptist Health

I/P AND O/P

ADMISSIONS AND FACESHEET

PATIENT		DATE		TIME		AGE		SEX		RACE		REL		INIT	
0426500486		09/21/04		1435P		M		09/12/78		28Y		2		S	
NAME & ADDRESS DENNIS, JOEY PO BOX 8 ELMORE AL 36025		DOB 09/19/69		AGE 35Y		REL TRUST OFFICE		EMPLOYER		EMP PMS OCC EMP STAT EMP ID.		NOT EMPLOYED		FC 18 INIT PNW	
NAME & ADDRESS FACILITY, ELMORE CO CORRECTIONS PO BOX 8 ELMORE AL 36025		DOB 09/19/69		AGE 35Y		REL TRUST OFFICE		EMPLOYER		EMP PMS OCC EMP STAT EMP ID.		NOT EMPLOYED			
NAME & ADDRESS		DOB		AGE		REL		EMPLOYER		EMP PMS OCC EMP STAT EMP ID.					
NAME & ADDRESS		DOB		AGE		REL		EMPLOYER		EMP PMS OCC EMP STAT EMP ID.					
INSURANCE CARRIER PRISON HEALTH SERVICES		SUBSCRIBER ID# AIS #224604		GROUP NAME ELMORE COUNTY CORRECTIONS		INSURED NAME FACILITY, ELMORE CO CORRECTIONS		REL TO INSURED		CONTACT CLAIMS DEPT		CITY/STATE/ZIP BRENTWOOD TN 37027			
INSURANCE CARRIER		SUBSCRIBER ID#		GROUP NAME		INSURED NAME		REL TO INSURED		CONTACT		CITY/STATE/ZIP			
INSURANCE CARRIER		SUBSCRIBER ID#		GROUP NAME		INSURED NAME		REL TO INSURED		CONTACT		CITY/STATE/ZIP			
INSURANCE CARRIER		SUBSCRIBER ID#		GROUP NAME		INSURED NAME		REL TO INSURED		CONTACT		CITY/STATE/ZIP			
DIAG CODE DIAGNOSIS 729.5-PAIN IN LIMB		ALLERGIES		ACCIDENT TYPE AUTO/MOTORIZED VEH		NATURE OF ACCIDENT		ACCIDENT DATE		TIME		P %		PT. CL.	
ARRIVAL MODE HAYNES AMBULANCE		REFERRING FACILITY		CHURCH/DENOMINATION		ADMITTING PHYSICIAN 911 MOOREHOUSE, JOHN D		PRIMARY CARE PHYSICIAN NO, PCP		ATTENDING PHYSICIAN 911 MOOREHOUSE, JOHN D		REFERRING PHYSICIAN		LOCATION MOOREHOUSE, JOHN D	
ADMISSION TYPE EMERGENCY															



80426500499 JACKSON, MARCUS D
DOB: 12/19/78 Age: 25Y MR #367124
Admit Date/Time: 09/21/04 1442P
911 MOOREHOUSE, JOHN D

DATE: 9.21.04 TIME: 1445 ROOM: 4D EMS Arrival

HISTORIAN: patient spouse paramedics

HX/ EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: MVA Injury to: LLE

occurred: just PTA **position in vehicle:** driver passenger front back

context: car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

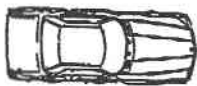
location of pain / injuries:

	<u>right</u>	<u>left</u>
head	face	mouth
neck	chest	
gastrointestinal		
back	upper mid	lower
	radiating to (R/L) thigh / leg	

severity of pain:
mild
moderate 7/10
severe

associated symptoms:
lost consciousness / dazed
duration:
remembers:
impact coming to hospital
seizure

site of impact:
"P" = primary "S" = secondary



force low mod. high
direct glancing

restraints:
none lap / shoulder
doesn't recall
car seat
air bag deployed
thrown from vehicle
ambulated at scene
long extrication

PAST HX negative

HTN DM

Meds: none / see nurses note

Allergies: NKDA / see nurses note

SOCIAL HX recent ETOH smoker drug abuse

FAMILY HX HTN

HX/ EXAM UNOBTAINABLE 2° TO:

ROS all systems neg except as mild

NEURO
loss feeling / power arms/legs
headache

EYES
double vision

ENT
hearing loss

RESPIRATORY
trouble breathing

CVS
chest pain

GI
nausea / vomiting

GU
loss of bladder function

SKIN
skin laceration

CONST
recent fever / illness

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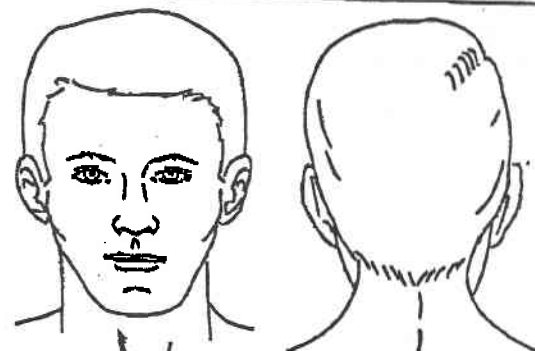
Baptist Health
EMERGENCY PHYSICIAN RECORD
MVA (5)

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☒ Tetanus Immun. U

PHYSICAL EXAM Alert Lethargic Anxious
Distress: NAD mild moderate severe
Other: c-collar (PTA / in ED) back-board splint

HEAD
no evidence of trauma see diagram
Battle's sign / Raccoon Eyes

NECK
non-tender see diagram
painless ROM vertebral point-tenderness
trachea midline muscle spasm / decreased ROM
pain on movement of neck



EYES
PERRL
BOMI
unequal pupils R- mm L- mm
EOM extrapunt / palsy
subconjunctival hemorrhage

ENT
nmI external inspection
no dental injury
hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP / CVS
chest non-tender see diagram (on reverse)
breath sounds nml decreased breath sounds
heart sounds nml wheezing / rales
splinting / paradoxical movements

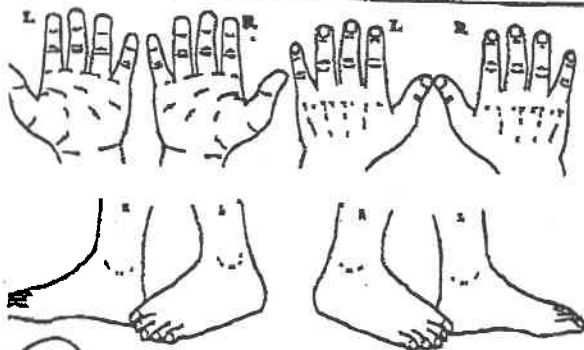
GASTROINTESTINAL
non-tender see diagram (on reverse)
no organomegaly tenderness / guarding / rebound
mass / organomegaly

GENITAL / RECTAL
nmI genital exam perineal hematoma
nmI vaginal exam blood at urethral meatus
nmI rectal exam decreased rectal tone
heme negative stool

NEURO / PSYCH
oriented x3 confusion / disorientation
mood & affect EOM palsy / anisocoria
EN's nml facial asymmetry
3r tested unsteady / ataxic gait
sensation & motor nml sensory / motor deficit



IKIN
~~infect~~
~~warm, dry~~
BACK
~~no CVA~~
~~tenderness~~
~~no vertebral~~
~~tenderness~~
EXTREMITIES
~~traumatic~~
~~pelvis stable~~
~~hips non-tender~~
~~no pedal edema~~
~~nmI ROM~~
 see diagram
 creptus / diaphoresis
 see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM
 see diagram
 bony point-tenderness
 unable to bear weight
 pulse deficit
 Joint Exam:
 limited ROM / ligament laxity / joint effusion

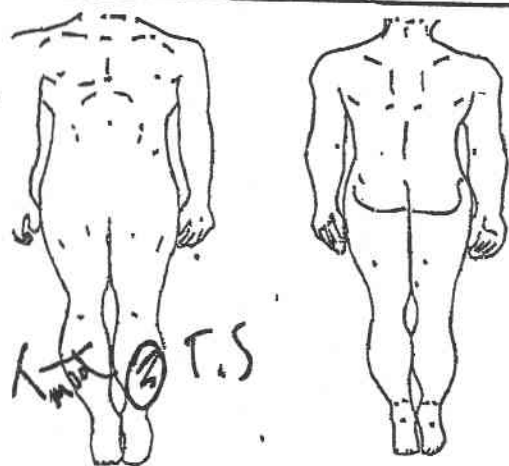


RAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist
Spine D-Spine LS-Spine
~~nmI / NAD~~
~~no fracture~~
~~nmI alignment~~
~~soft tissues nmI~~
 reversal / straightening of cerv. lordosis
 DJD / spondylosis / spurring

CXR
~~nmI / NAD~~
~~no infiltrates~~
~~nmI heart size~~
~~nmI mediastinum~~
 rib fracture
 infiltrate / atelectasis

OTHER ☐ See separate report

CT SCAN
~~normal~~



T = Tenderness
 PT = Point Tenderness
 S = Swelling
 D = Ecchymosis
 L = Laceration
 A = Abrasion
 B = Burn
 (S = without wound
 mod = moderate
 severe)
 Tm = Tenderness on
 palpation (tender)

LABS and PROGRESS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
segs	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time 1601 unchanged improved re-examined
 Re-evaluation time unchanged improved re-examined
 Re-evaluation time unchanged improved re-examined

Pr - unable to bear weight
No compartment syndrome

use template #23b for Laceration Repair
TREATMENT:
 • Fluids IV
 • Analgesics PO IM IV
 • Antibiotics PO IM IV
MEDICAL DECISION:
 Fracture Care: Follow up with orthopedic within 48 hours
 Rx given

Follow up with
 Discussed with Dr.
 will see patient in: office / ED / hospital
 CRIT CARE- 30-74 min
 75-104 min min
 Counseled patient/family regarding:
 lab results diagnosis need for follow-up
 Prior records ordered
 Admit orders written
 Additional history from:
 family caretaker paramedics

CLINICAL IMPRESSION:

Contusion	Injury	MYA
head	wrist R/L	sprain / strain
face	hand R/L	neck dorsal lumbar
chest	hip R/L	sacral
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg R/L	contusion
arm R/L	ankle R/L	with LOC w/o LOC
elbow R/L	foot R/L	
forearm R/L		laceration

DISPOSITION- ☐ home ☐ admitted ☐ transferred
 CONDITION- ☐ unchanged ☐ improved ☐ stable

Resident MD / DO
 His review. Patient interviewed, Medical Decision Making, and Examined by Physician.



ER RECORD - Adult / Adolescent

Regular M.D.: Notified:
 Immunization Hx: Tetanus ☐ UTD ☐ not UTD
 Allergies: nka
 LMP: mate Pregnant? ☐ Yes ☐ No ☐ Unsure
 Home Meds:

AGE SPECIFIC CARE

13-18 yrs (Adolescent)
 (Menarche started? ☐ Yes ☐ No Age at onset? Regular ☐ Yes ☐ No)
 >65 yrs (Older Adult)
 Assisting Devices: ☐ None ☐ Yes (list):
 Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility

PLAN OF CARE

Problems	Intervention
<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Anti-Psychotic
<input type="checkbox"/> Body Temp. Alt. In	<input type="checkbox"/> Bleeding Control
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> DSG/Wound Care
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Ice/elevate
<input type="checkbox"/> Fluid Vol., Del/Ex	<input type="checkbox"/> I & O
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Other
<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Abuse Potential (refer to Social Services)	
<input type="checkbox"/> Pain	
<input type="checkbox"/> Nutrition (refer to Dietitian)	
<input type="checkbox"/> Knowledge Deficit	
<input type="checkbox"/> Neuro Status	
<input type="checkbox"/> Physical Mobility Impairment	
<input type="checkbox"/> Resp. Function Alt.	
<input type="checkbox"/> Skin Integrity, Alt. In	
<input type="checkbox"/> Cultural/Religion	
<input type="checkbox"/> Language	

Patient Label:
 TRIAGE CATEGORY:
 1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs:
 BP 158/106 ☐ See T Sheet
 P 116
 R 16
 T
 SPO₂
 CHIEF COMPLAINT AND HISTORY: right lower leg pain pt was involved in a mva
 Analgesia Scale IVAS 0-10 /10 0 (no pain) 10 (worst)

GENERAL APPEARANCE & MENTAL STATUS

General	Skin Temp	Respiration	Pulse	Mental Status
<input type="checkbox"/> NAD	<input type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input type="checkbox"/> Alert
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Appropriate
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious
Skin Color: <input type="checkbox"/> Pink	Skin Moisture: <input type="checkbox"/> Dry	<input type="checkbox"/> Crackles	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Normal	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Crackles	<input type="checkbox"/> Neuro Status	<input type="checkbox"/> Tearful
<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Apneic	<input type="checkbox"/> Stunted Speech	<input type="checkbox"/> Confused
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Retraction	<input type="checkbox"/> Weakness L/R	<input type="checkbox"/> Agitated
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: <u> </u> O.D.: <u> </u> O.U.: <u> </u>	<input type="checkbox"/> Nasal Flaring		<input type="checkbox"/> Disoriented
		<input type="checkbox"/> Stridor		

☐ Social Services ☐ PT ☐ Weight: stated / measured
☐ Animal Control ☐ Dietitian
☐ DHR Referral ☐ Coroner
☐ Police Notified ☐ Triage Nurse Signature:

ORDERS PHYSICIAN'S ASSESSMENT NURSE'S NOTES

PHH:
1600 Pt. fitted 2 crutches. Given de. instructions. verbalized understanding R. rehab in

VITAL SIGNS

Time	B.P.	Temp.	Pulse	Resp.	O ₂ Sat.

LAB

<input type="checkbox"/> CBC	<input type="checkbox"/> Maj Trauma
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Min Trauma
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> EKG <input type="checkbox"/> ETOH
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> ABG <input type="checkbox"/> UCG
<input type="checkbox"/> Amylase	<input type="checkbox"/> I-Stal <input type="checkbox"/> <u> </u>
<input type="checkbox"/> Chem Profile 7	<input type="checkbox"/> Lipase
<input type="checkbox"/> Chem Profile 12	<input type="checkbox"/> PT/PTT

X-RAY

<input type="checkbox"/> Chest	<input type="checkbox"/> Abd
<input type="checkbox"/> Portable	<input type="checkbox"/> <u> </u>
<input type="checkbox"/> Ct	<input type="checkbox"/> e/c

DISCHARGE

Date: 9/21/04 Time: 1600
 D.C. BY: R. Roberson

Medications	Dose	Route	Time	Site	Nurse	Certified Medical Emergency <input type="checkbox"/> YES <input type="checkbox"/> NO	Diagnosis: <input type="checkbox"/> See T Sheet

DISPOSITION

<input type="checkbox"/> Home	<input type="checkbox"/> Exit Via
<input type="checkbox"/> Admit	<input type="checkbox"/> Walk
<input type="checkbox"/> Surgery	<input type="checkbox"/> Carried
<input type="checkbox"/> Transfer	<input type="checkbox"/> WC
<input type="checkbox"/> EXP	<input type="checkbox"/> Stretcher
<input type="checkbox"/> AMA	<input type="checkbox"/> Ambulance
<input type="checkbox"/> LWT	ACCOM. BY
<input type="checkbox"/> SNF	<input type="checkbox"/> Self
<input type="checkbox"/> Other	<input type="checkbox"/> Fam/Friend
<input type="checkbox"/> M.D. Office	<input type="checkbox"/> Police
	<input type="checkbox"/> Other



80426500499 JACKSON, MARCUS D
DOB: 12/19/78 Age: 25Y MR #1567124
Admit Date/Time: 09/21/04 1442P
911 MOOREHOUSE, JOHN D



**Baptist Health
Emergency Room
Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills
1. Tylenol 325 2 30	1000	q 4h prn	<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened AB | Return for signs of infection
> Redness
> Swelling
> Drainage
> Heat |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea | |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care | |
| | | <input checked="" type="checkbox"/> STD | <input type="checkbox"/> Other(s) | |

Additional Instructions:

Referred to:

- ☐ Dr. _____
Phone: _____
- ☐ Call on next business day for follow-up appointment
in _____ days / weeks ☐ next available

- ☐ Return to Emergency Dept. in _____ hours / days for recheck
- ☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
- ☐ Learning needs assessed ☐ Instructions Modified: _____
- ☐ Education provided on new medication _____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

Marcus Jackson
Instructed By: *R. Robert*

- ☐ Patient
☐ Relative
☐ Other

Physician:

Time Released > 1600 Hr

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- | | |
|---|---|
| <input type="checkbox"/> Patient was seen by Dr. | <input type="checkbox"/> May return to restricted duties for _____ day: |
| <input type="checkbox"/> No athletics / physical education: _____ days* | Restrictions: _____ |
| <input type="checkbox"/> May return to work / school without restrictions | |
| <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days* | <input type="checkbox"/> _____ was here with relative/ child. |
| <input type="checkbox"/> Must be reevaluated by family / occupational physician before | <input type="checkbox"/> Other: _____ |

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: JACKSON, MARCUS D
MR #: B000567124
Account #: 0426500499
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1526
Patient's Room: E/R
Patient Type: E/R

Exam
3996 DR-LOWER LEG ROUT LEFT 2 VIEWS
Ord Diag: ;R/O FX, MVC

Check-in No.
1788266

JACKSON, MARCUS D.

LEFT LEG:

There is no fracture of the tibia or fibula. NO bony lesions are seen.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P. ORILLE, M.D.

MEF

From: BMC SOUTH MED RECORDS

1 334 286 3343

09/22/2004 10:55 #424 P.028

11 09/21/04

426500499 09/21/04 1442P

M 12/19/78 25Y 2 U O E/R ER E/R /

56712

JACKSON, MARCUS D
P.O. BOX 8
ELMORE CO CORRECTIONAL FA
ELMORE AL 36025

419-08-1341
(334)288-2100
ELMORE

NOT EMPLOYED

JACKSON, MARCUS D
P.O. BOX 8
ELMORE CO CORRECTIONAL FA
ELMORE AL 36025

12/19/78 25Y
419-08-1341
(334)288-2100
SELF

NOT EMPLOYED

959.7-LOWER LEG INJURY NOS

U &

OTHER

911 MOOREHOUSE, JOHN D

911 MOOREHOUSE, JOHN

11 09/21/04

EMERGENCY

1

ED

ARD 09/21/04 YES

MOOREHOUSE, JOHN D

PRINTED BY: b17606

DATE 9/22/2004



ER RECORD - Adult / Adolescent

Regular M.D.: Ø Notified: _____
 Immunization Hx: Tetanus ☒ UTD ☐ not UTD
 Allergies: none
 LMP: none Pregnant? ☐ Yes ☐ No ☐ Unsure
 Home Meds: Ø

340r
 Patient Label

BO426500509 PERDUE, DONALD C
 DOB: 03/15/73 Age: 31Y MR #567125
 Admit Date/Time: 09/21/04 1453P
 920 ALEXANDER, D GREGORY

TRIAGE CATE: 1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs: BP 134/77 P 20 R 25 T 98.4 SPO2 99%
 CHIEF COMPLAINT AND HISTORY: 40 neck, leg
chest & shoulder
lower back

Analgesia Scale IVAS 0-10 /10 0 (no pain) 10 (worst)

AGE SPECIFIC CARE
 13-18 yrs (Adolescent) (Menarche started? ☐ Yes ☐ No Age at onset? _____ Regular ☐ Yes ☐ No)
 >85 yrs (Older Adult)
 Assisting Devices: ☐ None ☐ Yes (list): _____
 Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility

GENERAL APPEARANCE & MENTAL STATUS
 General: ☐ NAD ☐ Mild Distress ☐ Acute Distress
 Skin Temp: ☐ Warm ☐ Hot ☐ Cool ☐ Cold
 Skin Color: ☐ Pink ☐ Flushed ☐ Pale ☐ Ashen ☐ Cyanotic ☐ Jaundiced
 Respiration: ☐ Unlabored ☐ Clear Bilat. ☐ Shallow ☐ Labored ☐ Wheezes ☐ Crackles ☐ Apneic ☐ Retraction ☐ Nasal Flaring ☐ Stridor
 Pulse: ☐ Regular ☐ Irregular ☐ Bounding ☐ Weak ☐ Absent
 Mental Status: ☐ Alert ☐ Oriented ☐ Age Appropriate ☐ Anxious ☐ Combative ☐ Unresponsive ☐ Tearful ☐ Confused ☐ Agitated ☐ Disoriented

PLAN OF CARE
 Problems: ☐ Anxiety/Fear ☐ Body Temp. Ait. In ☐ Const. Ait. In ☐ Coping Ait. In ☐ Elimination Ait. In ☐ Fluid Vol. Def/Ex ☐ Infection Potential ☐ Domestic Violence ☐ Abuse Potential (refer to Social Services)
 Intervention: ☐ Anti-Psychotic ☐ Bleeding Control ☐ DSG/Wound Care ☐ Emotional support ☐ Ice/elevate ☐ I & O ☐ Other
 Sling/Splint ☐ Teaching ☐ Labs ☐ X-Ray ☐ Meds As Ordered ☐ O2

Social Services ☐ PT ☐ Animal Control ☐ Dietitian ☐ DHR Referral ☐ Coroner ☐ Police Notified
 Weight: _____ stated / measured
 Triage Nurse Signature: _____ Date: 9/21/04 Time: 1453

NURSE'S NOTES: PMH: Ø
PTA: full spinal plex.
Personnel given R+dc instructions
P/O NAD

VITAL SIGNS			
Time			
B.P.			
Temp.			
Pulse			
Resp.			
O2 Sat.			

LAB
☐ CBC ☐ Cardiac ☐ Urinalysis ☐ Liver Profile ☐ Amylase ☐ Chem Profile 7 ☐ Chem Profile 12 ☐ Cl/PT/PTT
☐ Maj Trauma ☐ Min Trauma ☐ EKG ☐ ETOH ☐ ABG ☐ UCG ☐ I-Stat ☐ Lipase

X-RAY
☐ Chest ☐ Portable ☐ Ct ☐ Abd ☐ 8/6

DISCHARGE
 Date: 9/21/04 Time: 1720
 D. V. R. R.

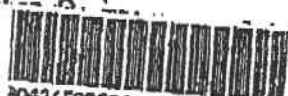
Medications	Dose	Route	Time	Site	Nurse	Certified Medical Emergency: <input type="checkbox"/> YES <input type="checkbox"/> NO	Diagnosis: <input type="checkbox"/> See T Sheet

DISPOSITION
☐ Home ☐ AdmR ☐ Surgery ☐ Transfer ☐ EXP ☐ AMA ☐ LWT ☐ SNF ☐ Other ☐ M.D. Office
 EXIT VIA
☐ Walk ☐ Carried ☐ WC ☐ Stretcher ☐ Ambulance ☐ ACCOM. BY ☐ Self ☐ Fam/Friend ☐ Police ☐ Other

ORDERS
 PHYSICIAN'S ASSESSMENT

pt was in 2nd stat

② Show



80426500509 PERDUE, DONALD C
DOB: 03/15/73 Age: 31Y MR #567125
Admit Date/Time: 09/21/04 1453P
920 ALEXANDER, D GREGORY

DATE: 9/21/04 TIME: 1440 ROOM: 4A EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: Injury to:

occurred:

just PTA

today

yesterday

days PTA

where:

home

neighbor's

work

school

city park

street

context:

Dept of Corr. Van struck
by motorist

location of pain /

injuries:

head face mouth

back chest

gastrointestinal

back upper mid- lower

radiating to R/L thigh / leg

right

shldr

arm

elbow

forearm

wrist

hand

hip

thigh

knee

leg

ankle

foot

left

shldr

arm

elbow

forearm

wrist

hand

hip

thigh

knee

leg

ankle

foot

severity of pain:

mild

moderate

6/10

severe

associated symptoms:

lost consciousness / dazed

duration:

remembers:

impact

seizure

coming to hospital

PAST HX negative

PTN DN

Meds- none / see nurses note

Allergies- NKDA / see nurses note

SOCIAL HX

recent ETOH

smoker

drug abuse

FAMILY HX

PTN

HX / EXAM UNOBTAINABLE 2° TO:

ROS

all systems neg except as mild

NEURO

loss feeling / power arms/legs

headache

EYES

double vision

ENT

hearing loss

RESPIRATORY

trouble breathing

CVS

chest pain

G

nausea / vomiting

GI

loss of bladder function

SKIN

skin laceration

CONST

recent fever / illness

© 1996 - 2002 T-System, Inc. Circle or check affirmatives, backslash (N) negative

18

Baptist Health
EMERGENCY PHYSICIAN RECORD
Multiple Trauma (5)

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Tetanus Immun. U

PHYSICAL EXAM

Alert Lethargic Anxious

Distress- NAD mild moderate severe

Other- C-collar (PTA / in ED) back-board N split

HEAD

no evidence of

trauma

NECK

non-tender

painless ROM

trachea midline

see diagram

Battle's sign / Raccoon Eyes

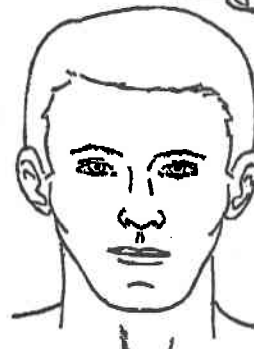
see diagram

vertebral point-tenderness

muscle spasm / decreased ROM

pain on movement of neck

② shoulder pain



EYES

PERRL

ROM

unequal pupils R- mm L- mm

EOM entrapment / palsy

subconjunctival hemorrhage

ENT

nml external

inspection

no dental injury

hemotympanum

TM obscured by wax

clotted nasal blood

dental injury / malocclusion

RESP / CVS

chest non-tender

breath sounds nml

heart sounds nml

see diagram (on reverse)

decreased breath sounds

wheezing / rales

splinting / paradoxical movements

GASTROINTESTINAL

non-tender

no organomegaly

see diagram (on reverse)

tenderness / guarding / rebound

mass / organomegaly

GENTIL / RECTAL

nml genital exam

nml vaginal exam

nml rectal exam

heme negative stool

perineal hematoma

blood at urethral meatus

decreased rectal tone

NEURO / PSYCH

oriented x3

mood & affect

CP's nml

as tested

sensation &

motor nml

confusion / disorientation

EOM palsy / anisocoria

facial asymmetry

unsteady / ataxic gait

sensory / motor deficit



DETAINED BY: 412606

09/27/2004 13:13

SKIN

☒ Intact
☒ Warm, dry

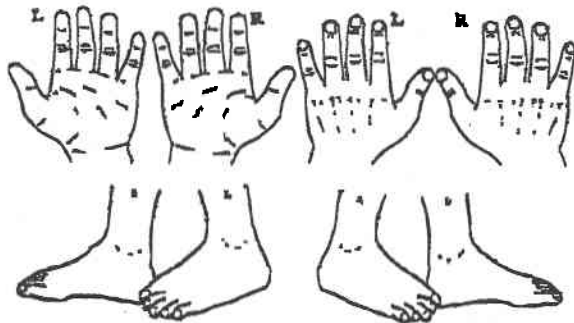
BACK

☒ no CVA
tenderness
☒ no vertebral
tenderness

EXTREMITIES

☒ Traumatic
☒ pelvis stable
☒ hips non-tender
☒ no pedal edema
☒ nml ROM

see diagram
crepitus / diaphoresis
see diagram
vertebral point-tenderness
CVA tenderness
muscle spasm / limited ROM
see diagram
bony point-tenderness
painful / unable to bear weight
pulse deficit
Joint Exam:
limited ROM / ligaments laxity / joint effusion



X-RAYS

☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

C-Spine

D-Spine

LS-Spine

☒ nml / NAD
☒ no fracture
☒ nml alignment
☒ soft tissues nml

reversal / straightening of cerv. lordosis
DJD / spondylosis / spurring

CXR

☒ nml / NAD
☒ no infiltrates
☒ nml heart size
☒ nml mediastinum

rib fracture
infiltrate / atelectasis

OTHER

☒ See separate report

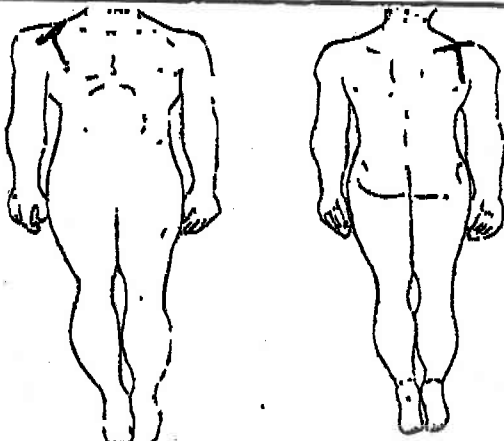
CT SCAN

☒ normal

Ultrasound

ED Physician

Radiology



T=Tenderness
Prt=Point Tenderness
S=Swelling
E=Echymosis
L=Laceration
A=Abrasion
B=Burn
(B=without or mild
mod=moderate
H=severe)
Tsv=Tenderness on
palpation (severe)

LABS and PROGRESS

CBC

normal except
WBC
Hgb
Hct
Platelets
segs
bands
lymphs
monos
eos

Chemistries

normal except
BUN
Creat
Gluc
Alk Phos
Cl
ALT
AST
Na
K

CO2

Ca
Bilirubin
Magnesium
BNP
D-Dimer

Re-evaluation time 1659 unchanged improved re-examined
Re-evaluation time unchanged improved re-examined
Re-evaluation time unchanged improved re-examined

Dx Set - 9.1.2.0 RA - m.v. - 1

use template #23b for Laceration Repair

TREATMENT:

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with

Discussed with Dr.
will see patient in: office / ED / hospital
Counseled patient / family regarding
lab results diagnosis need for follow up
Admit orders written

CRIT CARE- 30-74 min
75-104 min min
Prior records ordered
Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

MVC

contusion	injury	sprain (strain)
head	wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	concussion
shoulder R/L	leg R/L	with LOC w/o LOC
arm R/L	ankle R/L	
elbow R/L	foot R/L	laceration
forearm R/L		

DISPOSITION:

☒ home ☐ admitted ☐ transferred

CONDITION:

☐ unchanged ☒ improved ☐ stable

MD / DO x
Resident
MD / DO
1/27/2004 review, Patient interviewed, Medical Decision Making, and Examined by
Physician
01/27/2004 WED 13:40 PM / PM NO 41401 13:00

80426500509 PERDUE, DONALD C
 DOB: 03/15/73 Age: 31Y MR #: 567125
 Admit Date/Time: 09/21/04 1453P
 920 ALEXANDER, D GREGORY

**Baptist Health
 Emergency Room
 Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills
1. Tylenol #3	#30	TID 946 PM PRN	<input type="checkbox"/>
2.			<input type="checkbox"/>
3. Plavix 100mg	#30	TID	<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab | Return for signs of Infection
> Redness
> Swelling
> Drainage
> Heat |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea | |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care | |
| | | <input type="checkbox"/> STD | <input type="checkbox"/> Other(s) | |

Additional Instructions:

Recheck as needed

Referred to:

- ☐ Dr. _____
 Phone: _____
☐ Call on next business day for follow-up appointment
 in _____ days / weeks ☐ next available

- ☐ Return to Emergency Dept. in _____ hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician
 or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☐ Patient
☐ Relative
☐ Other

Instructed By:

Physician:

Time Released > 1120 Hrs

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name	Date
<input type="checkbox"/> Patient was seen by Dr. <input type="checkbox"/> No athletics / physical education: _____ days <input type="checkbox"/> May return to work / school without restrictions <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work	
<input type="checkbox"/> May return to restricted duties for _____ days Restrictions: _____ <input type="checkbox"/> _____ was here with relative/ child. <input type="checkbox"/> Other: _____	

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: PERDUE, DONALD C
MR #: B000567125
Account #: 0426500509
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1559
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;MVA

Check-in No.
1788271

PERDUE, DONALD C

AP CHEST:

HISTORY: Motor vehicle accident.

Heart and mediastinal structures are unremarkable. Lungs are clear of infiltrate and effusions. Visualized osseous structures are normal.

IMPRESSION:

NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: PERDUE, DONALD C
MR #: B000567125
Account #: 0426500509
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1600
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
2050 DR-CERVICAL SPINE ROUTINE
Ord Diag: ;MVA

Check-in No.
1788272

PERDUE, DONALD C

CERVICAL SPINE:

HISTORY: Motor vehicle accident.

Multiple views show cervical vertebral bodies to be of normal alignment. There is no subluxation or fracture. The odontoid is intact. The lateral masses of C1 maintain normal alignment at the body of C2. AP and oblique views are unremarkable. There are some scattered metallic fragments in the soft tissue of the right side of the neck, which maybe from a previous gunshot wound.

IMPRESSION:

NEGATIVE, NO ACUTE FINDINGS.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: PERDUE, DONALD C
MR #: B000567125
Account #: 0426500509
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1600
Patient's Room: DIS - E/R
Patient Type: E/R

Exam
3030 DR-SHOULDER RT 2-3 VIEWS
Ord Diag: ;MVA

Check-in No.
1788273

PERDUE, DONALD C

RIGHT SHOULDER:

HISTORY: Motor vehicle accident.

Three views show no fracture or dislocation of the glenohumeral joint.
Scapula, clavicle, and visualized ribs are unremarkable.

IMPRESSION:

UNREMARKABLE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

**ER RECORD - Adult / Adolescent**

Regular M.D.: _____ Notified: _____

Immunization Hx Tetanus ☒ UTD ☐ not UTD

Allergies:

LMP: 7/1 Pregnant? ☐ Yes ☐ No ☐ Unsure

Home Meds:

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

(Menarche started? ☐ Yes ☐ No Age at onset? _____ Regular ☐ Yes ☐ No)

>65 yrs (Older Adult)

Assisting Devices: ☐ None ☐ Yes (List):

Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility

PLAN OF CARE

Problems

- ☐ Anxiety/Fear
- ☐ Body Temp, Aft. In
- ☐ Comm. Aft. In
- ☐ Coping Aft. In
- ☐ Elimination Aft. In
- ☐ Fluid Vol., Def/Ex
- ☐ Infection Potential
- ☐ Domestic Violence
- ☐ Abuse Potential (refer to Social Services)
- ☐ Pain
- ☐ Nutrition (refer to Dietitian)
- ☐ Knowledge Deficit
- ☐ Neuro Status
- ☐ Physical Mobility Impairment
- ☐ Resp. Function Aft.
- ☐ Skin Integrity, Aft. In
- ☐ Cultural/Religion
- ☐ Language

Intervention

- ☐ Anti-Puritic ☐ Sling/Splint
☐ Bleeding Control ☐ Teaching
☐ DSG/Wound Care ☐ Labs
☐ Emotional support ☐ X-Ray
☐ Ice/elevate ☐ Meds As Ordered
☐ I & O ☐ O₂
☐ Other _____

Time To Tx
Area:

附註

GENERAL APPEARANCE & MENTAL STATUS

- | | | | | |
|---|---|--|---|--|
| General | Skin Temp | Respiration | Pulses | Mental Status |
| <input type="checkbox"/> NAD | <input type="checkbox"/> Warm | <input type="checkbox"/> Unlabored | <input type="checkbox"/> Regular | <input type="checkbox"/> Alert |
| <input type="checkbox"/> Mild Distress | <input type="checkbox"/> Hot | <input type="checkbox"/> Clear Bilat. | <input type="checkbox"/> Irregular | <input type="checkbox"/> Oriented |
| <input type="checkbox"/> Acute Distress | <input type="checkbox"/> Cool | <input type="checkbox"/> Shallow | <input type="checkbox"/> Bounding | <input type="checkbox"/> Age Appropriate |
| | <input type="checkbox"/> Cold | <input type="checkbox"/> Labored | <input type="checkbox"/> Weak | <input type="checkbox"/> Anxious |
| Skin Color | Skin Moisture | <input type="checkbox"/> Wheezes | <input type="checkbox"/> Absent | <input type="checkbox"/> Combative |
| <input type="checkbox"/> Pink | <input type="checkbox"/> Dry | <input type="checkbox"/> Crackles | Neuro Status | <input type="checkbox"/> Unresponsive |
| <input type="checkbox"/> Flushed | <input type="checkbox"/> Diaphoretic | <input type="checkbox"/> Apneic | <input type="checkbox"/> Normal | <input type="checkbox"/> Tearful |
| <input type="checkbox"/> Pale | Gait | <input type="checkbox"/> Retraction | <input type="checkbox"/> Slurred Speech | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Ashen | <input type="checkbox"/> Steady | <input type="checkbox"/> Nasal Flaring | <input type="checkbox"/> Weakness L/R | <input type="checkbox"/> Agitated |
| <input type="checkbox"/> Cyanotic | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Stridor | | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Jaundiced | Visual Acuity: O.S.: _____ O.D.: _____ O.U.: _____ | | | |

- ☐ Social Services ☐ PT
☐ Animal Control ☐ Dietitian
☐ DHR Referral ☐ Coroner
☐ Police Notified _____

Weight: _____ stated / measured

Triage Date _____ Time _____

Nurse
Signature: _____

VITAL SIGNS

Time	See Transcript Sheet
B.P.	
Temp.	
Pulse	
Resp.	
O ₂ Sat.	

LAB

- ☐ CBC ☐ Maj Trauma
☐ Cardiac ☐ Min Trauma
☐ Urinalysis ☐ EKG ☐ ETOH
☐ Liver Profile ☐ ABG ☐ UCG
☐ Amylase ☐ I-Stal ☐ _____
☐ Chem Profile 7 ☐ Lipase
☐ Chem Profile 12 ☐ PT/PTT

X-RAY

- ☐ Chest ☐ Abd
☐ Portable ☐ _____
☐ Ct ☐ 6/5

DISCHARGE

Date	Time
D. C. Fox	

DISPOSITION

- ☐ Home
☐ Admit
☒ Surgery
☐ Transfer
☐ EPI
☐ AMA
☐ IWT
☐ SNF
☐ Other
☐ M.D. Office

~~Critical Care Time
excluding Procedure~~

Condition On Discharge

Physician Signature _____

09/22/2004 WED 11:08 [TX/RX NO 51051] 061

CONSULT%%
BAPTIST HEALTH
0470
LACO, PAUL ""
B0426500480
B000567117

I was asked by Dr. Daly to evaluate Mr. Laco for a left pneumothorax. Mr. Laco was a gentleman in a van that was involved in a motor vehicle accident. He was the passenger. He presents with a pelvic fracture and left pneumothorax. He had a chest tube placed in the Emergency Department. He is now being admitted for further management.

PAST MEDICAL HISTORY/PAST SURGICAL HISTORY: Insignificant.

DRUG ALLERGIES: None known.

SOCIAL HISTORY/FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: As above.

PHYSICAL EXAMINATION: Well developed, well nourished gentleman in no apparent distress. Blood pressure 140/70, pulse rate is 92, respirations are 18. Pupils are equal and reactive. He is anicteric. His trachea is midline. He has good carotid upstroke.

LUNGS: Clear anteriorly.

ABDOMEN: Benign.

HEART: Heart sounds are regular without any murmurs.

EXTREMITIES: Warm with good distal pulses. He has no cyanosis, clubbing, or edema.

NEUROLOGICAL: Grossly intact.

In summary, Mr. Laco is a 37 year old gentleman with a left pneumothorax, status post motor vehicle accident. His lung sounds are clear. He has no air leak. The chest tube can be discontinued and we will get a followup chest x-ray.

SK/ / bc
D: 09/22/2004
T: 09/22/2004

STEPHEN KWAN, M.D.

D: 09/22/2004
T: 09/22/2004
bc

H STEVENSON
BAPTIST HEALTH
0271
LADO, PAUL, M.
B0426500430
B000567117

CASE COMPLAINT: Involved in a motor vehicle accident.

HISTORY OF PRESENT ILLNESS: The patient is a 37-year-old inmate who was in a van involved in a motor vehicle accident. He apparently initially had a low blood pressure on the scene of about 80-90 but on arrival in the emergency room his blood pressure was around 130. He has not required fluid resuscitation in the emergency room. He complains primarily of left-sided chest pain and some back pain. He is also short of breath. In the emergency room, he was found to have a left-sided pneumothorax and a chest tube was placed. I am now asked to see him for further evaluation.

PAST MEDICAL HISTORY: No previous history of cardiac, pulmonary or renal problems. He does have a history of an old pelvic injury for which he claims to take OxyContin and Lorabid on a regular basis.

ALLERGIES: NKDA. He claims to have been on OxyContin 80 mg t.i.d. and Lorabid 150 mg b.i.d. as well as Xanax.

SOCIAL HISTORY: He smokes cigarettes.
REVIEW OF SYSTEMS: He complains of chronic pain.

PHYSICAL EXAMINATION:

GENERAL: This is a 37-year-old male in no acute distress.

VS: T 90. R 20. BP 140/88. T afebrile.
HEENT: Sclerae are nonicteric. Oropharynx is clear. The neck is supple. There is no cervical or supraclavicular adenopathy. No thyromegaly or bruits. The neck is non-tender. The trachea is in the midline.

LUNGS: Clear on the right. He has equal breath sounds bilaterally. He has a left chest tube placed.

ABDOMEN: Soft, nontender and no palpable masses.

RECTAL: Exam reveals normal tone.

EXT: Good range of motion. No edema.

NEURO: He is alert and oriented.

IMPRESSION: LEFT PNEUMOTHORAX.
PLAN: He will be admitted for management of his chest tube.

DANIEL M. DALY, M.D.

D: 05/21/2004
T: 05/22/2004
MD

PRINTED BY: b17606

DATE 5/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D
MR #: B00067117
Account #: 0426500480
Attending Physician: MALY, DANIEL M

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type: I/P

Exam
4.72 CT ABDOMEN W/IV CONTRAST
Ord Dtag: MVA

Check-In No.
1738220

LACO, PAUL D.

CT ABDOMEN:

HISTORY: MVA

Abdominal organs enhance in a normal and uniform fashion w/lt no evidence of solid organ injury. The liver is slightly lower in attenuation than the spleen but this suggests fatty infiltration. No free intraperitoneal gas or fluid is seen and no adenopathy. No fractures are seen. There are degenerative changes of the lumbar spine.

IMPRESSION: NEGATIVE, NO EVIDENCE OF SOLID ORGAN INJURY.

NEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically signed by/ OSCAR P ORTIZ, M.D.

PRINTED BY: B-76C6

DATE 9/22/2004

EARLYST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D
MR #: B0005671-7
Account #: 042650048C
Attending Physician: DALY, DANIEL M

Date Performed: 09/21/04 1606
Patient's Room: SIC-SIC-02
Patient Type: 1/2

Exam
0458 CT-CERVICAL SPINE W/O CONTRAST
Cnd Diag: JN/A

Accession No.
1788221

LACO, PAUL D.

CT CERVICAL SPINE:

Cervical vertebral bodies are normal alignment. Vertebral body heights and disc spaces are preserved. There is no evidence of subluxation or fracture. The odontoid is intact. Lateral masses of C1 maintain normal alignment with C2.

On the axial images, there is thin transverse laxity through the lamina of C2, however, after viewing the sagittal and coronal images, I believe these represent nutrients foramina and are not fractures. There is no abnormal widening of prevertebral soft tissues.

IMPRESSION: NEGATIVE FOR FRACTURE OR SUBLUXATION.

NOTE

/READ BY/ GORDON V SVETE, M.D.
/Electronically signed by/ OSCAR P ORTIZ, M.D.

PRINTED BY: b.76c6

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACQ, PAUL D
MR #: 3000557117
Account #: 0426300480
Attending Physician: DALY, DANIEL M

Date Performed: 09/21/04 1635
Patient's Room: SIC-SIC-02
Patient Type: I/S

Exam
2130 CT- CHEST W CONTRAST
Ord Diag: N/A

Check-in No.
1788222

LACQ, PAUL D.

CT THORAX W/CONTRAST:

There is no mediastinal hematoma. The aorta is well opacified with no evidence of dissection. There is a very small anterior left pneumothorax, however, a left-sided chest tube is in place. A small amount of subcutaneous emphysema overlies the left lateral hemithorax.

There are small bilateral pleural effusions and some minimal infiltrate or subsegmental atelectasis at the lung bases. Remaining lung zones are clear with no pulmonary air space opacities to suggest pulmonary hemorrhage or contusion. No rib fractures are seen.

IMPRESSION:

- 1) SMALL LEFT PNEUMOTHORAX BUT CHEST TUBE IS IN PLACE.
- 2) SMALL BILATERAL PLEURAL EFFUSIONS WITH SOME SUBSEGMENTAL ATELECTASIS OR INFILTRATE AT THE LUNG BASES.

YEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORTIZ, M.D.

PRINTED BY: BL7606

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACCO, PAUL D
MR #: B000567117
Account #: 3426500480
Attending Physician: DALL, DANIEL M

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type: I/P

Exam
4176 CT-PELVIS W CONTRAST
Ord Diag: N/A

Check-in No.
1783223

LACCO, PAUL D.

CT PELVIS:

HISTORY: N/A

No free air or fluid is seen. There are no pelvic masses. The urinary bladder is collapsed around a Foley catheter balloon. There has been no extravasation of excreted contrast from the bladder into the pelvic cavity.

There is deformity with cortical thickening of each superior pubic ramus indicative of old fractures. There is a lucency in the right superior pubic ramus seen on image #16, series 11 with surrounding sclerosis probably related to old trauma. However, if patient is tender in the right groin, then an acute, incomplete fracture would be suspected. There are screws traversing the left sacroiliac joint.

IMPRESSION:

- 1) NO ILEOPELVIC INJURY.
- 2) EVIDENCE OF EVIDENT FRACTURES OF THE SUPERIOR PUBIC RAMI. HOWEVER, ON THE RIGHT SIDE, THERE IS AN IRREGULAR LUCENCY IN THE AREA OF SCIEROSIS OF THE PUBIC RAMUS. IF THERE IS TENDERNESS IN THE RIGHT GROIN, THEN AN ACUTE INCOMPLETE FRACTURE OF THE RIGHT SUPERIOR PUBIC RAMUS WOULD BE SUSPECTED.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORTIZ, M.D.

PRINTED BY: b17606

DATE 9/22/2004

Date Performed: 09/21/04 1605
Patient's Room: SIC-SIC-02
Patient Type: I/P

Check-in No.
1788224

CT HEAD W/O CONTRAST:

Distanced axial images were obtained from the skull base to the vertex.

Supranormally, there is no infant or hemorrhage. There is no intra or extra-axial mass. Ventricular system is midline and normal in configuration.

IMPRESSION: NORMAL.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORTIZ, M.D.

DATE 9/22/2004

EARLEST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D
MR #: B00C567117
Account #: 042650348C
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1455
Patient's Room: E/3
Patient Type: E/R

Exam
6708 US-ABDOOMEN LIMITED
Ord Diag: MVA

Check-in No.
1788225

LACO, PAUL D.

ABDOMEN ULTRASOUND:

History: Motor vehicle accident, abdominal pain

Findings: Evaluation of each quadrant of the abdomen showed no free intraperitoneal fluid. Visualized portions of the abdominal organs are normal.

IMPRESSION: NEGATIVE.

JH

/READ BY: GORDON V SMITH, M.D.
/Electronically signed by: GORDON V SMITH, M.D.

PRINTED BY: BL7606

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACY, PAUL D
MR #: B3005571-7
Account #: 0426500480
Attending Physician: ALEXANDER, D GREGORY

Date Performed: 09/21/04 1440
Patient's Room: B/R
Patient Type: E/3

Exam
10:00 DR-CHEST 2A OR A2 CUB VIEW
Ord Diag: N/A

Object-In No.
1788227

TRAO, PAUL D.

AP CHEST:

HISTORY: N/A

There is a chest tube on the left. No pneumothorax is seen. Areas of pulmonary infiltrates are present bilaterally. Given history of trauma, this may represent some pulmonary contusion. There may be a fracture of the left 4th rib in the posterior lateral aspect.

IMPRESSION:

- 1) LEFT-SIDED CHEST TUBE IN PLACE, NEGATIVE FOR PNEUMOTHORAX.
- 2) BILATERAL PULMONARY INFILTRATES. GIVEN HISTORY OF TRAUMA, THIS MAY REPRESENT PULMONARY CONTUSION.

REF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

PRINTED BY: BL7506

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: LACO, PAUL D
MR #: B000567117
Account #: 0426500480
Attending Physician: DALT, DANIEL M

Date Performed: 09/21/04 1446
Patient's Room: SIC-SIC-02
Patient Type: I/P

Exam
2012 DK-LUMBAR SPINE 1 VIEW
Ord Diaz: CRADIA

Check-in No.
1789244

LACO, PAUL D.

SINGLE LATERAL LUMBAR SPINE:

Image quality is degraded by patient's body habitus.

Lumbar vertebral bodies are normal alignment. No subluxation is seen. Multiple screws are seen in the sacrum from prior injury.

IMPRESSION: NEGATIVE, NO ACUTE FINDINGS.

REF

/READ BY: GORDON V SMITH, M.D.
/Electronically signed by: OSCAR Z CRUISE, M.D.

PRINTED BY: B176CS

DATE 9/22/2004



ER RECORD - Adult / Adolescent

Regular M.D.: _____ Notified: _____

 Immunization Hx: Tetanus ☐ UTD ☐ not UTD

 Allergies: None

 LMP: NA Pregnant? ☐ Yes ☐ No ☐ Unsure

 Home Meds: Depakote

AGE SPECIFIC CARE

13-18 yrs (Adolescent)

 (Menarche started? ☐ Yes ☐ No Age at onset? _____ Regular ☐ Yes ☐ No)

>65 yrs (Older Adult)

 Assisting Devices: ☐ None ☐ Yes (list): _____

 Living arrangements: ☐ Lives alone ☐ Family/Significant Others ☐ Extended Care Facility

PLAN OF CARE

Problems	Intervention
<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Anti-Psychotic
<input type="checkbox"/> Body Temp. Alt. In	<input type="checkbox"/> Bleeding Control
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> DSG/Wound Care
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Labs
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Fluid Vol., Def/Ex	<input type="checkbox"/> Ice/Elevate
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> I & O
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Other <u>pan</u>
<input type="checkbox"/> Abuse Potential (refer to Social Services)	
<input type="checkbox"/> Pain	
<input type="checkbox"/> Language	

 Time To Tx: 1425 Rm # 3B

Patient Label

TRIAGE CATEGORY

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs

 BP 116/66 See T Sheet
 P 76
 R 16
 T 97.7
 SPO₂ 97

CHIEF COMPLAINT AND HISTORY

 MVA - in car
 lateral chest pain + rib
 pain in head laceration
 above (12 eye) abrasion to

Analgesia Scale IVAS 0-10

/10 0 (no pain) 10 (worst)

GENERAL APPEARANCE & MENTAL STATUS

General	Skin Temp	Respiration	Pulse	Mental Status
<input type="checkbox"/> NAD	<input type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input type="checkbox"/> Alert
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Appropriate
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious
Skin Color	Skin Moisture	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative
<input type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Crackles	Neuro Status	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Apneic	<input type="checkbox"/> Normal	<input type="checkbox"/> Tearful
<input type="checkbox"/> Pale	Gait <u>MIA</u>	<input type="checkbox"/> Retraction	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Confused
<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Weakness L/R	<input type="checkbox"/> Agitated
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Stridor		<input type="checkbox"/> Disoriented
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: _____ O.D.: _____ O.U.: _____			

<input type="checkbox"/> Social Services	<input type="checkbox"/> PT
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Dietitian
<input type="checkbox"/> DHR Referral	<input type="checkbox"/> Coroner
<input type="checkbox"/> Police Notified	

Weight: _____ stated / measured

 Triage Date 9/21 Time 1425

 Nurse Signature: Molteni

VITAL SIGNS

Time <u>1410</u>	
B.P. <u>116/66</u>	
Temp. <u>97.7</u>	
Pulse <u>76</u>	
Resp. <u>16</u>	
O ₂ Sat. <u>97</u>	

<input type="checkbox"/> CBC	<input type="checkbox"/> Maj Trauma
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Min Trauma
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> EKG <input type="checkbox"/> ETOH
<input type="checkbox"/> Liver Profile	<input type="checkbox"/> ABG <input type="checkbox"/> UCG
<input type="checkbox"/> Amylase	<input type="checkbox"/> I-Stat <input type="checkbox"/>
<input type="checkbox"/> Chem Profile 7	<input type="checkbox"/> Lipase
<input type="checkbox"/> Chem Profile 12	<input type="checkbox"/> PT/PTT

<input type="checkbox"/> Chest	<input type="checkbox"/> Abd
<input type="checkbox"/> Portable	<input type="checkbox"/>
<input type="checkbox"/> CX	<input type="checkbox"/> s/e

DISCHARGE

 Date 9/21 Time 1425

 D.O.R.N. OK

 Disposition Home

 Exit via Walk
☐ Home ☐ Walk

☐ Admit ☐ Carried

☐ Surgery ☐ WC

☐ Transfer ☐ Stretcher

☐ Exp ☐ Ambulance

☐ AMA ☐ Local BY

☐ LWT ☐ Self

☐ SNE ☐ Family/Friend

☐ Other ☐ Police

☐ M.D. Office ☐ Other

PRINTED BY: b17606

Condition On Discharge

 DATE 9/22/2004

Physician Signature



BO426500491 SPEARS, DOUGLAS
DOB: 08/30/76 Age: 28Y MR #: 567121
Admit Date/Time: 09/21/04 1438P
911 MOOREHOUSE, JOHN D

%

1 of 1

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17

Baptist Health

EMERGENCY PHYSICIAN RECORD

MVA (5)

DATE: 9/21/04 TIME: 1440 ROOM: 1A EMS Arrival

HISTORIAN: patient spouse paramedics

Hx / EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: MVA Injury to: hand

occurred: just PTA position in vehicle: driver passenger front back

context: car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)location of pain /
injuries:head face mouth
neck chest
gastrointestinal
back upper mid- lower
radiating to (R/L) thigh / leg

-right-		-left-	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:

mild

moderate

severe

associated symptoms:

lost consciousness / dazed

duration:

remembers:

Impact coming to hospital

seizure

site of impact:

"P" = primary "S" = secondary

force low mod. high
direct glancing

restraints:

none lap / shoulder

doesn't recall

car seat

air bag deployed

thrown from vehicle

ambulated at scene

long extrication

PAST HX negative

HTN DM

Meds: none / see nurses note

Allergies: NKDA / see nurses note

SOCIAL HX recent ETOH smoker drug abuse

FAMILY HX

Hx / EXAM UNOBTAINABLE 2° TO:

ROS all systems neg except as mld

NEURO

loss feeling / power arms/legs

headache

EYES

double vision

ENT

hearing loss

RESPIRATORY

trouble breathing

CVS

chest pain

GI

nausea / vomiting

GU

loss of bladder function

SKIN

skin laceration

CONST

recent fever / illness

Nursing Assessment Reviewed Vitals Reviewed Tetanus Immun

PHYSICAL EXAM Alert Lethargic Anxious

Distress: NAD mild moderate severe

Other: collar (PTA / In ED) back-board IV splint

HEAD

no evidence of
trauma

see diagram

Battle's sign / Raccoon Eyes

NECK

non-tender

painless ROM

trachea midline

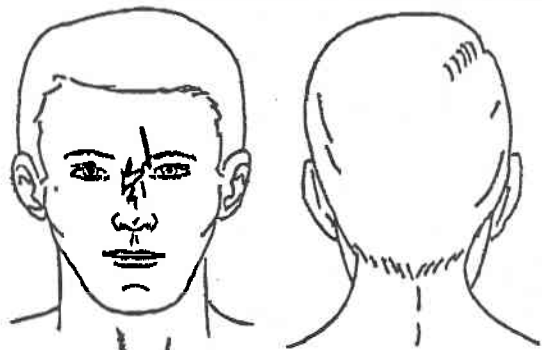
C-collar in place

see diagram

vertebral point-tenderness

muscle spasm / decreased ROM

pain on movement of neck



EYES

PERR:

EOMI

unequal pupils R: mm L: mm

EOM entrapment / palsy

subconjunctival hemorrhage

ENT

nml external

inspection

no dental injury

hemorrhage

TM obscured by wax

closed nasal blood

dental injury / malocclusion

RESPT/CVS

chest non-tender

breath sounds nml

heart sounds nml

see diagram (on reverse)

decreased breath sounds

wheezing / rales

splinting / paradoxical movements

GASTROINTESTINAL

non-tender

no organomegaly

see diagram (on reverse)

tenderness / guarding / rebound

vessels / organomegaly

GENITAL / RECTAL

nml genital exam

nml vaginal exam

nml rectal exam

heme negative stool

perineal hematoma

blood at urethral meatus

decreased rectal tone

NEURO / PSYCH

oriented x3

mood & affect

CN's nml

as tested

sensation &

motor nml

confusion / disorientation

EOM palsy / anisocoria

facial asymmetry

unsteady / ataxic gait

sensory / motor deficits

x RN/PA/NP

09/22/2004 WED 13:48 [TX/RX NO 5114] 017

SKIN
☒ Intact
☒ warm, dry

BACK
☒ no CVA
☒ tenderness
☒ no vertebral
☒ tenderness

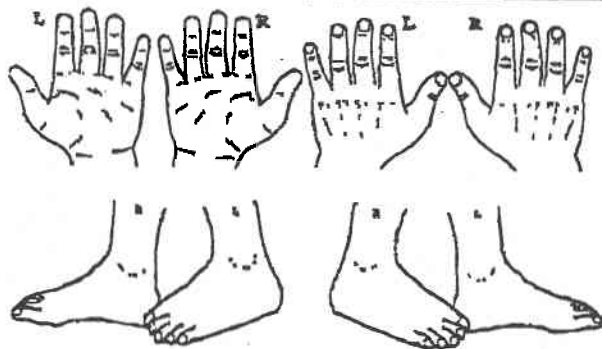
EXTREMITIES
☒ atraumatic
☒ patls stable
☒ hips non-tender
☒ no pedal edema
☒ nml ROM

see diagram
 crepitus / diaphoresis

see diagram
 vertebral point-tenderness
 CVA tenderness
 muscle spasm / limited ROM

see diagram
 bony point tenderness
 painful / unable to bear weight
 pulse deficit

Joint Exam:
 limited ROM / ligaments laxity / joint effusion



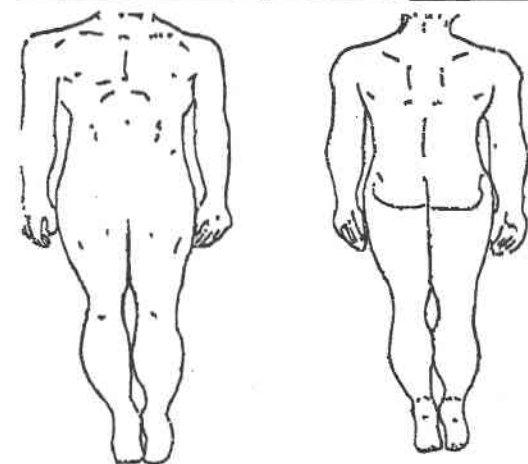
XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

C-Spine D-Spine LS-Spine
☒ nml / NAD
☒ reversal / straightening of cerv. lordosis
☒ no fracture
☒ DJD / spondylosis / spurring
☒ nml alignment
☒ soft tissues nml

CXR
☒ aml / NAD
☒ no infiltrates
☒ nml heart size
☒ nml mediastinum

OTHER ☐ See separate report

CT SCAN Head / Neck / Face - @ Nasa



T=Tenderness
 PtT=Point Tenderness
 S=Swelling
 E=Echymosis
 Lac=Laceration
 A=Abrasion B=Burn
 (w/without small)
 mod-moderate
 s=severe
 Ty=Tenderness on
 palpation (severe)

LABS and PROGRESS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
Segs	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

Re-evaluation time _____ unchanged _____ improved _____ re-examined

Re-evaluation time _____ unchanged _____ improved _____ re-examined

Re-evaluation time _____ unchanged _____ improved _____ re-examined

CF - Head & Face - @ Nasa + @ Nasa
 Sibus En
 Will close laceration and
 assess for ENT

use template #23b for Laceration Repair

TREATMENT:

- Fluids IV
- Analgesics PO IM IV
- Antibiotics PO IM IV

MEDICAL DECISION:

Fracture Care: Follow up with orthopedic within 48 hours
 Rx given

Follow up with

Discussed with Dr.	CRIT CARE- 30-74 min
will see patient in: office / ED / hospital	75-104 min _____ min
Counseled patient / family regarding:	Prior records ordered
lab results (diagnosis) need for follow-up	Additional history from:
Admit orders written	family caretaker paramedics

CLINICAL IMPRESSION:

MVA

contusion	Injury	sprain / strain
head	wrist R/L	neck dorsal lumbar
face	hand R/L	sacral
chest	hip R/L	
Gastrointestinal	thigh R/L	
back	knee R/L	
shoulder R/L	leg R/L	
arm R/L	ankle R/L	
elbow R/L	foot R/L	
forearm R/L		

contusion
 with LOC w/o LOC

laceration

facial

DISPOSITION- ☒ home ☐ admitted ☐ transferred
 CONDITION- ☐ unchanged ☐ improved ☐ stable

x Resident MD / DO x Attending
☒ Ix review, Patient interviewed, Medical Decision Making, and Examined by Physician.



%

80426500491 SPEARS, DOUGLAS
DOB: 08/30/76 Age: 28Y MR #1367121
Admit Date/Time: 09/21/04 1438P
911 MOOREHOUSE, JOHN D

Wound Description #1

Wound: lacer elph

Size: 1.6 -cm

Distal NVT:

☒ sensation intact ☒ vascular intact ☒ tendon intact

Depth / shape / contamination:

☒ superficial ☐ linear ☒ irregular ☒ flap

☒ SQ ☐ nail avulsed ☐ stellate

☐ muscle ☐ contused tissue

☒ clean

☒ contaminated minimally / moderately / *heavily

with dirt gravel grease ink

ANESTHESIA

☒ local ☒ LET / TAC ☐ digital block ☐ cc

☒ lidoc 1% 2% epi / bicarb ☐ marcaine .25% .5%

WOUND PREP AND REPAIR

☒ Hibiclens / Betadine ☒ foreign material removed

☐ betadine to skin ☐ partially ☒ completely

☒ wound cleanser ☐ minimal / mod. / *extensive

☒ irrigated / washed w/ saline ☐ debrided

☒ moderate / *extensive ☐ minimal / *mod. / *extensive

☒ wound explored ☐ undermined

☐ minimal / mod. / *extensive

Wound closed with: wound adhesive / steri-strips

SKIN

3 6 -0 nylon / prolene / vicryl / staples

☐ interrupted ☒ running ☐ simple ☐ mattress (h/v)

***SUBCUTANEOUS / MUCOSA**

3 6 -0 vicryl / silk

☒ interrupted ☐ running ☐ simple ☐ mattress (h/v)

***FASCIA / MUSCLE / TENDON**

0 vicryl /

☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

NAIL / NAIL MATRIX

☐ nail excised ☐ nail reattached # 0 vicryl /

***OTHER**

☐ retention suture placed

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23b

Baptist Health
EMERGENCY PHYSICIAN RECORD
Laceration Procedure Notes

Wound Description #2

Wound: _____

Size: _____ -cm

Distal NVT:

☐ sensation intact ☐ vascular intact ☐ tendon intact

Depth / shape / contamination:

☐ superficial ☐ linear ☐ irregular ☐ flap

☐ SQ ☐ nail avulsed ☐ stellate

☐ muscle ☐ contused tissue

☐ clean

☐ contaminated minimally / moderately / *heavily

with dirt gravel grease ink

ANESTHESIA

☐ local ☐ LET / TAC ☐ digital block ☐ cc

☐ lidoc 1% 2% epi / bicarb ☐ marcaine .25% .5%

WOUND PREP AND REPAIR

☐ Hibiclens / Betadine ☐ foreign material removed

☐ betadine to skin ☐ partially ☐ completely

☐ wound cleanser ☐ minimal / mod. / *extensive

☐ irrigated / washed w/ saline ☐ debrided

☐ moderate / *extensive ☐ minimal / *mod. / *extensive

☐ wound explored ☐ undermined

☐ minimal / mod. / *extensive

Wound closed with: wound adhesive / steri-strips

SKIN

0 nylon / prolene / vicryl / staples

☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

***SUBCUTANEOUS / MUCOSA**

0 vicryl / silk

☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

***FASCIA / MUSCLE / TENDON**

0 vicryl /

☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

NAIL / NAIL MATRIX

☐ nail excised ☐ nail reattached # 0 vicryl /

***OTHER**

☐ retention suture placed

*may indicate intermediate repair. *may indicate intermediate or complex repair.
Repair of muscles or tendons in complex wounds is reported with appropriate separate repair codes.

Resident MD / DO x Attending MD / DO

☐ Ix review, Patient interviewed, Medical Decision Making, and Examined by Physician.



B0426500491 SPEARS, DOUGLAS
DOB: 08/30/76 Age: 28Y MR #: 567121
Admit Date/Time: 09/21/04 1438P
911 MOOREHOUSE, JOHN D



Baptist Health
Emergency Room
Discharge Instructions

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Location
	214-1400	1A	South

MEDICINES PRESCRIBED

If non, check this box: ☐

VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. Ibuprofen 100	15	Q 4-6 PM PRN	<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Etc

INSTRUCTION SHEET(S) GIVEN

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cuts/Scabs | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Boils | <input type="checkbox"/> Wound Care |
| | | <input type="checkbox"/> STD | <input type="checkbox"/> Other(s) |

Return for signs of infection

- > Redness
- > Swelling
- > Drainage
- > Heat

Additional Instructions:

1. Blue Rx. Anderson re 24-480
2. Tre x 480
3. R230 am / p6hrs

Referred to:

- ☐ Dr.
Phone:
☐ Call on next business day for follow-up appointment
in days / weeks ☐ next available

- ☐ Return to Emergency Dept. in hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician
or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified:
☐ Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☐ Patient
☐ Relative
☐ Other

Time
Released >

Instructed By:

Physician:

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- | | |
|---|--|
| <input type="checkbox"/> Patient was seen by Dr. | <input type="checkbox"/> May return to restricted duties for <u> </u> day |
| <input type="checkbox"/> No athletics / physical education: <u> </u> days | Restrictions: <u> </u> |
| <input type="checkbox"/> May return to work / school without restrictions <u> </u> | |
| <input type="checkbox"/> Will require time off work / school. Estimated time: <u> </u> days | <input type="checkbox"/> <u> </u> was here with relative/ child |
| <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work | <input type="checkbox"/> Other: <u> </u> |

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116
Tue Sep 21, 2004 09:33 pm
Outpatient Summary Report

Pat Name: SPEARS, DOUGLAS
Unit #/Acct #: 000567121/B0426500491
Loc: E/R
Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

Page: 1

In: 09/21/04 1457
Out: 09/21/04 1611 | BASIC METABOLIC | Spec: Bloc
Coll Time: 09/21/04 1457 Techs: VB19134 TB222
Order Phys: MOOREHOUSE, JOHN D [B0426500491/52238]

Result Name	*STAT*STAT*STAT*	Result
BUN(mg/dl):	13	7-20
Creatinine(mg/dl):	1.1	0.6-1.4
Sodium(mmol/L):	143	135-145
Potassium(mmol/L):	3.9	3.5-5.0
Chloride(mmol/L):	108	97-112
CO2(mmol/L):	28	22-32
Glucose(mg/dl):	97	60-120
Calcium(mg/dl):	9.0	8.5-10.5

In: 09/21/04 1457
Out: 09/21/04 1611 | VALPROIC ACID (DEPAKENE) | Spec: Bloc
Coll Time: 09/21/04 1457 Techs: VB19134 TB222
Order Phys: MOOREHOUSE, JOHN D [B0426500491/52238]

Result Name	*STAT*STAT*STAT*	Result	Normal Range
Valproic Acid(mcg/ml):	<3.0 L		50-100

In: 09/21/04 1457
Out: 09/21/04 1508 | CBC | Spec: Bloc
Coll Time: 09/21/04 1457 Techs: VB19134 TB578
Order Phys: MOOREHOUSE, JOHN D [B0426500491/52238]

Result Name	*STAT*STAT*STAT*	Result
WBC(thou/cumm):	11.1 H	4.0-10.0
RBC(mill/cumm):	4.65	4.2-5.9
Hgb(gm/dl):	14.9	13.0-17.5
Hct(%):	42.2	39-51
MCV(fl):	91	80-100
MCH(pg):	32	26-34
MCHC(%):	35	31-35
Plt ct(thou/cumm):	164	150-440

(Continued on next page)

Outpatient Summary Report
SPEARS, DOUGLAS
000567121/B0426500491
E/R
(M-08/30/76)
Dr. MOOREHOUSE, JOHN D

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116
Tue Sep 21, 2004 09:33 pm
Outpatient Summary Report

Pat Name: SPEARS, DOUGLAS Page: 2
Unit #/Acct #: 000567121/B0426500491
Loc: E/R
Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

In: 09/21/04 1457 ----- Spec: Bloc
Out: 09/21/04 1508 | CBC | Techs: VB19134 TB578
Coll Time: 09/21/04 1457 -----
Order Phys: MOOREHOUSE, JOHN D [B0426500491/52236
*STAT*STAT*STAT*
Result Name Result

(Continued from previous page)

RDW(%) :	12.0	11.5-14.5
Neutrophils(%) :	75	45-75
Lymphs(%) :	18 L	20-53
Monos(%) :	6	2-12
Eos(%) :	0	0-8
Basos(%) :	1	0-2

End of Report - 09/21/04 2133P

Outpatient Summary Report

SPEARS, DOUGLAS
000567121/B0426500491
E/R
(M-08/30/76)
Dr. MOOREHOUSE, JOHN D

PRINTED BY: b17606

DATE 9/22/2004

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1623
Patient's Room: E/R
Patient Type: E/R

Exam
0450 CT-HEAD WITHOUT IV CONTRAST
Ord Diag: ;MVA

Check-in No.
1788239

SPEARS, DOUGLAS

CT HEAD W/O CONTRAST:

HISTORY: MVA

Evaluation of the posterior fossa is unremarkable. The region of the sella turcica is unremarkable.

Supratentorially, there are multifocal areas of low density involving the white matter and cortex in the right frontal and temporal lobes. There is also a similar appearing area of low density in the left frontal white matter. Patient reports previous history of trauma and I believe this represents encephalomalacia from that incident. Old infarct could also look similar. There is some dilatation of the frontal horn right lateral ventricle and atrium further indicating this is a old condition.

There is no evidence of acute infarct. There is no intra or extra-axial hemorrhage. Review of the skull shows no abnormality. There is a nasal bone fracture.

IMPRESSION:

- 1) ENCEPHALOMALACIA IN THE RIGHT FRONTAL AND TEMPORAL LOBES AS WELL AS LEFT FRONTAL LOBE FROM PREVIOUS TRAUMA GIVEN PATIENT'S HISTORY. THERE IS NO EVIDENCE OF ACUTE INFARCT OR HEMORRHAGE. OVERALL, NO ACUTE FINDINGS.
- 2) NASAL BONE FRACTURE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1528
Patient's Room: E/R
Patient Type: E/R

Exam
1010 DR-CHEST PA OR AP ONE VIEW
Ord Diag: ;MVA

Check-in No.
1788240

SPEARS, DOUGLAS

CHEST:

Heart and mediastinal structures are unremarkable. There is no abnormal mediastinal widening. Lungs are clear with no pneumothorax or pleural effusions. Visualized osseous structures are unremarkable.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 152:
Patient's Room: E/R
Patient Type: E/R

Exam
2040 DR-CERVICAL SPINE AP & LAT
Ord Diag: ;MVA

Check-in No.
1788241

SPEARS, DOUGLAS

CERVICAL SPINE:

AP and lateral views show the cervical vertebral bodies to be normal alignment with no subluxation or fracture. There is no abnormal widening of prevertebral soft tissues.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1623
Patient's Room: E/R
Patient Type: E/R

Exam
0453 CT-FACIAL W/O CONTRAST
Ord Diag: ;MVA

Check-in No.
1788243

SPEARS, DOUGLAS

CT FACIAL BONES:

HISTORY: MVA

There are mildly displaced fractures of the nasal bones but no other facial bone fractures are seen. Paranasal sinus walls are intact.

There is significant mucosal thickening in an air fluid level in the left maxillary sinus but no fracture can be seen and this is presumably due to a pre-existing sinusitis.

There is scattered opacification of ethmoid and sphenoid sinuses. Orbital rims are intact and no mandibular fracture is seen. Temporal bones are intact.

IMPRESSION:

- 1) NASAL BONE FRACTURE.
- 2) REMAINING FACIAL BONES ARE INTACT. NO OTHER FRACTURES ARE SEEN.
- 3) OPACIFICATION OF THE LEFT MAXILLARY, SPHENOID AND ETHMOID SINUSES WHICH SUGGESTS PRE-EXISTING SINUSITIS. NO PARANASAL SINUS FRACTURES ARE SEEN TO SUGGEST HEMORRHAGE FROM TRAUMA.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1529
Patient's Room: E/R
Patient Type: E/R

Exam
2170 DR-PELVIS 1 VIEW
Ord Diag: ;MVA

Check-in No.
1788249

SPEARS, DOUGLAS

PELVIS:

Single lateral view shows no fracture. Sacroiliac joints and pubic symphysis are intact. There is no hip fracture.

IMPRESSION: NORMAL.

MEF

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: SPEARS, DOUGLAS
MR #: B000567121
Account #: 0426500491
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1454
Patient's Room: E/R
Patient Type: E/R

Exam
6708 US-ABDOMEN LIMITED
Ord Diag: MVA

Check-in No.
1788267

SPEARS, DOUGLAS

ULTRASOUND OF THE ABDOMEN

History: Abdominal pain after motor vehicle accident. The study was performed to evaluate for free intraperitoneal fluid.

Findings: No fluid was seen. Visualized portions of the abdominal organs are normal.

IMPRESSION:
NORMAL STUDY, NEGATIVE FOR FREE INTRAPERITONEAL FLUID.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

JH



ER RECORD - Adult / Adolescent

Regular M.D.: _____ Notified: _____
 Immunization Hx: Tetanus ☐ UTD ☐ not UTD
 Allergies: NKA
 LMP: _____ Pregnant? ☐ Yes ☐ No ☐ Unsure
 Home Meds: none

Patient

TRIAGE CATEGORY

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent

Vital Signs

BP 141/55

P 105

R 18

T 98.4

SPO₂ 98

CHIEF COMPLAINT AND HISTORY

Red VS auto.

Dx: 5 pain, @ neck pain

@ neck pain

Analgesia Scale IVAS 0-10

/10 0 (no pain) 10 (worst)

AGE SPECIFIC CARE

13-18 yrs (Adolescent)
 (Menarche started? ☐ Yes ☐ No Age at onset? _____ Regular ☐ Yes ☐ No)
 >65 yrs (Older Adult)
 Assisting Devices: ☐ None ☐ Yes (list): _____
 Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility

PLAN OF CARE

Problems	Intervention
<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Anti-Psychotic
<input type="checkbox"/> Body Temp, Alt. In	<input type="checkbox"/> Bleeding Control
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> DSG/Wound Care
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Ice/elevate
<input type="checkbox"/> Fluid Vol., Del/Ex	<input type="checkbox"/> I & O
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Other
<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Abuse Potential (refer to Social Services)	
<input type="checkbox"/> Pain	
<input type="checkbox"/> Language	

GENERAL APPEARANCE & MENTAL STATUS

General	Skin Temp	Respiration	Pulse	Mental Status
<input type="checkbox"/> NAD	<input type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input type="checkbox"/> Alert
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Appropriate
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious
<input type="checkbox"/> Skin Color	<input type="checkbox"/> Skin Moisture	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative
<input type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Crackles	<input type="checkbox"/> Neuro Status	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Apneic	<input type="checkbox"/> Normal	<input type="checkbox"/> Tearful
<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Retraction	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Confused
<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Weakness L/R	<input type="checkbox"/> Agitated
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Stridor		<input type="checkbox"/> Disoriented
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: _____		O.D.: _____	O.U.: _____

☐ Social Services ☐ PT
☐ Animal Control ☐ Dietitian
☐ DHR Referral ☐ Coroner
☐ Police Notified

Weight: _____ stated / measured
 Triage Nurse Signature: R. Roberts
 Date: 11/29/04

VITAL SIGNS

Time	BP	Temp	Pulse	Resp	O ₂ Sat

LAB
☐ CBC ☐ Maj Trauma
☐ Cardiac ☐ Min Trauma
☐ Urinalysis ☐ EKG ☐ ETOH
☐ Liver Profile ☐ ABG ☐ UCG
☐ Amylase ☐ I-Stat ☐ _____
☐ Chem Profile 7 ☐ Lipase
☐ Chem Profile 12 ☐ PT/PTT

X-RAY
☐ Chest ☐ Abd
☐ Portable ☐ _____
☐ Ct _____

DISCHARGE

Date: 11/29/04 Time: 18:25
 Discharge By: _____

DISPOSITION
☐ Home
☐ Admit
☐ Surgery
☐ Transfer
☐ EXP
☐ AMA
☐ LWT
☐ SNF
☐ Other
☐ M.D. Office

EXIT VIA
☐ Walk
☐ Carried
☐ WC
☐ Stretcher
☐ Ambulance
 ACCOR. BY:
☐ Self
☐ Fam/Friend
☐ Police
☐ Other

NURSE'S ASSESSMENT

ORDERS

PHYSICIAN'S ASSESSMENT

NURSE'S ASSESSMENT

ORDERS

PHYSICIAN'S ASSESSMENT

NURSE'S ASSESSMENT

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PHYSICIAN'S ASSESSMENT

NURSE'S ASSESSMENT



BO426500495 THOMPSON, DOUGLAS
DOB: 03/25/65 Age: 39Y MR #567122
Admit Date/Time: 09/21/04 1440P
911 MOOREHOUSE, JOHN D

%

4C

DATE: 9/21 TIME: 1440 ROOM: 22 EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM UNOBTAINABLE 2° TO:

HPI <u>chief complaint / location of injury:</u> <u>chest</u> <u>back</u> <u>gastrointestinal</u> <u>neck</u>	
context: <u>fall</u> <u>blow</u> <u>incision</u> <u>stab</u> <u>burn</u> <u>GSW</u> <u>hit by car while on street</u>	
severity of pain: <u>mild</u> <u>moderate</u> <u>severe</u>	
occurred: <u>just PTA</u> <u>today</u> <u>yesterday</u> days PTA	where: <u>home</u> <u>school</u> <u>neighbor's</u> <u>city park</u> <u>work</u> <u>street</u>
blow to head? <u>no</u> <u>yes</u> <u>yes LOC?</u> <u>no</u> <u>dazed</u> <u>yes</u>	location of pain / injury: <u>head</u> <u>face</u> <u>neck</u> <u>chest</u> <u>Gastrointestinal</u> <u>back</u> <u>upper mid</u> <u>lower</u> <u>radiating to R/L thigh / leg</u>
if LOC remembers injury coming to hospital	

PAST HX negative
HTN DM

Meds- none / see nurses note
Allergies- LAKDA / see nurses note

SOCIAL HX recent ETOH smoker drug abuse
FAMILY HX prev. ETOH

HX / EXAM UNOBTAINABLE 2° TO:

ROS <input type="checkbox"/> all systems neg except as noted	CVS <u>chest pain</u> <u>Chills</u>
NEURO / MS <u>loss feeling / power arms/legs</u>	GI <u>nausea / vomiting</u>
headache / neck pain <u>Chills</u>	GU <u>loss of bladder function</u>
EYES <u>double vision</u> <u>glaucoma</u>	SKIN <u>skin laceration</u> <u>Chills</u>
ENT <u>hearing loss</u>	CONST <u>recent fever / illness</u>
RESPIRATORY <u>trouble breathing</u> <u>Ribs hurt</u>	

☒ Nursing Assessment Reviewed ☐ Vitals Reviewed ☐ Tetanus immun. UTD

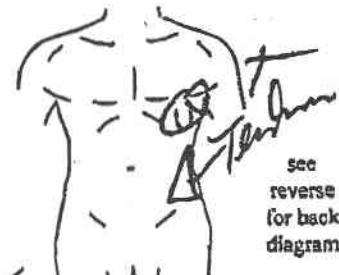
PHYSICAL EXAM Alert Lethargic
Distress- NAD mild moderate severe
Other- collar (PTA / in ED) back-board IV splint

HEAD no evidence of trauma
NECK non-tender painless ROM
see diagram
Battle's sign / Raccoon Eyes
see diagram
vertebra point-tenderness
muscle spasm / decreased ROM

© 1996 - 2002 T-System, Inc. Circle or check affirmatives, backslash (\) negat

07 Baptist Health
EMERGENCY PHYSICIAN RECORD
Trunk Injury (5)

EYES unequal pupils R- mm L- mm
PERL
EOMI
EOM entrapment / palsy
subconjunctival hemorrhage
pale conjunctivae
hem/otympanum
ENT nm/external
no dental injury
RESPIRATORY see diagram
chest non-tender
breath sounds nml
decreased breath sounds
wheezing / rales
splitting / paradoxical movements
CVS Irregularly irregular rhythm
extra systoles (occasional / frequent)
tachycardia / bradycardia
JVD present
murmur grade /6 sys / dias
cresc / cresc-decreas / decreas
gallop (S3 / S4)
decreased pulse(s)



see
reverse
for back
diagram

T=Tenderness
P=Point Tenderness
S=Swelling
E=Ecchymosis
L=Laceration
A=Abrasion
B=Burn
(B=without mm)
mod=moderate mm
T= Tenderness
p= palpation (sever)

GASTROINTESTINAL non-tender see diagram
no organomegaly rebound tenderness
mass / organomegaly

GENITAL EXAM nml genital exam perineal hematoma
nml vaginal exam blood at urethral meatus

RECTAL EXAM nml rectal exam decreased rectal tone
heme neg stool

NEURO / PSYCH oriented x3 confused / disoriented
mod & affect EOM palsy / anisocoria
CN's nml facial asymmetry
as tested sensory / motor deficit
sensation & unsteady / ataxic gait
motor nml

SKIN see diagram
intact capitus / diaphoresis
warm, dry

Thompson, Dany

BACK

☒ no CVA
tenderness
☒ no vertebral
tenderness

see diagram
vertebral point-tenderness
CVA tenderness
muscle spasm
limited ROM

HIPS / PELVIS

☒ pelvis stable
☒ hips non-tender

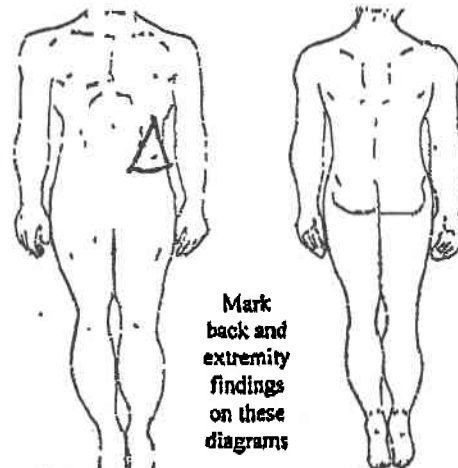
see diagram
bony point-tenderness
painful / unable to bear weight

EXTREMITIES

☒ no evidence
of trauma
☒ nml ROM

see diagram
bony point-tenderness
painful / unable to bear weight
Joint Exam:
limited ROM / ligaments laxity / joint effusion

☒ no pedal edema



Mark
back and
extremity
findings
on these
diagrams

LABS, EKG, XRAYs and PROGRESS

<input checked="" type="checkbox"/> CBC	Chemistries	CO2
<input checked="" type="checkbox"/> normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
segs	Cl	
bands	ALT	
lymphs	AST	
monos	Na	
eos	K	

EKG MONITOR STRIP ☒ normal ☒ abnormal NSR Rate

EKG / NML ☒ Interp. by me ☐ Reviewed by me Rate 93
☒ NSR ☒ nml intervals ☒ nml axis ☒ nml QRS ☒ nml ST/T

not / changed from:

XRAYs

☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

C-Spine D-Spine LS-Spine
☒ nml / NAD reversal / straightening of cerv. lordosis
☒ no fracture RJD / spondylosis / spurring
☒ nml alignment
☒ soft tissues nml

CXR

☒ nml / NAD
☒ no infiltrates
☒ nml heart size
☒ nml mediastinum

OTHER

☒ See separate report

CT SCAN

☒ normal chest abd pelvis

PROCEDURES:

CHEST TUBE INSERTION (French) Betadine prep
anesthesia cc local lidocaine / marcaine /
position mid / anter / post axillary line interspace
sutured in place positioned confirmed on CXR
return air / blood connected to suction

Echocardiogram ☒ nml ☒ abnml

Re-evaluation time 1520 unchanged improved re-examined

Re-evaluation time 1630 unchanged improved re-examined

Re-evaluation time 1745 unchanged improved re-examined

Case # 204 of 170's. Patient was
prepped and draped in a sterile
fashion. Copan irrigation & NSS used
to clean area. Skin debrided. Sterile
used to irrigate debris from wound.
Extension found, frayed and figure of 8 was
used to approximate. Skin closed w/
#7 of 2-0 nylon in long mattress. Pt to
use template #23b for Liberation Repair. Please well EOL
800

TREATMENT:

Fracture Care: Follow up with orthopedic within 48 hours

Rx given Splint = ortho glass
Follow up with ext: finger Splint
referred to / discussed with Dr.

will see patient in: office / ED / hospital in 2 days

Counseled patient family regarding: CRIT CARE- 30-74 min

lab results: diagnosis need for follow-up 75-104 min min

Admit orders written

Prior records ordered Additional history from family caretaker paramedics

CLINICAL IMPRESSION:

Confusion chest Gastrointestinal back
Rib Fracture x3
displaced / comminuted

Sprain / Strain neck thoracic lumbar

Laceration

Abrasion Injury

1. Extensor Digitorum tendon R hand

2. Complex hand laceration - 7cm

DISPOSITION: ☐ home ☐ admitted ☐ transferred

CONDITION: ☐ unchanged ☐ improved ☐ stable

Resident MD / DO x

Including MD / DO

☐ Ifs review, Patient interviewed, Medical Decision Making, and Examined by

09/22/2004 WED 13:57 ITX/RX NO 51151 007



BO426500495 THOMPSON, DOUGLAS
DOB: 03/25/65 Age: 39Y MR #: 567122
Admit Date/Time: 09/21/04 1440P
911 MOOREHOUSE, JOHN D



**Baptist Health
Emergency Room
Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight: 1	Phone:	Allergies:	Location: South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills
1. <i>Ketorol - 10</i>	<i>20</i>	<i>q 4h prn</i>	<input type="checkbox"/>
2. <i>Keflex 500mg</i>	<i>30</i>	<i>2 tid</i>	<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab | Return for signs of infection
> Redness
> Swelling
> Drainage
> Heat |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea | |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care | |
| | | <input type="checkbox"/> STD | <input type="checkbox"/> Other(s): | |

Additional Instructions:

*Red check 2nd = splint
Take med as directed
Steven hand - P*

Referred to:

- ☐ Dr. _____
Phone: _____
☐ Call on next business day for follow-up appointment
In _____ days / weeks ☐ next available

- ☐ Return to Emergency Dept. in _____ hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care, if diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☐ Patient
☐ Relative
☐ Other

Time Released > **11/8/10**

Instructed By:

Physician:

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name	Date
<input type="checkbox"/> Patient was seen by Dr. <input type="checkbox"/> No athletics / physical education: _____ days* <input type="checkbox"/> May return to work / school without restrictions <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days* <input type="checkbox"/> Must be reevaluated by family / occupational physician before	
<input type="checkbox"/> May return to restricted duties for _____ days Restrictions: _____ <input type="checkbox"/> was here with relative/ child. <input type="checkbox"/> Other: _____	

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1629
Patient's Room: E/R
Patient Type: E/R

Exam
1101 DR-RIBS UNI LT&PA CHEST 4 VIEWS
Ord Diag: ;MVA

Check-in No.
1788257

THOMPSON, DOUGLAS

LEFT RIBS AND PA CHEST:

HISTORY: Motor vehicle accident.

Multiple views show mildly displaced fracture of the left 7th through 9th ribs in the posterior and lateral aspect. Lungs are clear. There is no pneumothorax. Remaining visualized osseous structures are unremarkable.

IMPRESSION:

FRACTURES OF THE LEFT 7TH THROUGH 9TH RIBS. LUNGS ARE CLEAR.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1633
Patient's Room: E/R
Patient Type: E/R

Exam
3570 DR-KNEE RT 4 V W/OBLIQUES
Ord Diag: ;MVA

Check-in No.
1788260

THOMPSON, DOUGLAS

RIGHT KNEE:

HISTORY: Knee pain after motor vehicle accident.

Four views show no fracture or dislocation. There are some minor degenerative changes.

IMPRESSION:

NEGATIVE FOR FRACTURE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

CW

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1511
Patient's Room: E/R
Patient Type: E/R

Exam
6708 US-ABDOMEN LIMITED
Ord Diag: MVA

Check-in No.
1788282

THOMPSON, DOUGLAS

ABDOMINAL SONOGRAM:

HISTORY: MOTOR VEHICLE ACCIDENT WITH ABDOMINAL PAIN

Evaluation of each quadrant of the abdomen showed no free intraperitoneal fluid. Visualized portions of abdominal organs are normal.

IMPRESSION:

1. NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ GORDON V SMITH, M.D.

TB

BAPTIST MEDICAL CENTER
MONTGOMERY, ALABAMA 36111
RADIOLOGY REPORT

Patient Name: THOMPSON, DOUGLAS
MR #: B000567122
Account #: 0426500495
Attending Physician: MOOREHOUSE, JOHN D

Date Performed: 09/21/04 1638
Patient's Room: E/R
Patient Type: E/R

Exam
2050 DR-CERVICAL SPINE ROUTINE
Ord Diag: ;MVA

Check-in No.
1788274

THOMPSON, DOUGLAS

5 VIEWS CERVICAL SPINE:

Cervical vertebral bodies are normal alignment with no subluxation or fracture. AP and oblique views are unremarkable. The odontoid is intact. Lateral masses of C1 maintain normal alignment of body of C2. There is no abnormal widening of prevertebral soft tissues.

IMPRESSION: NEGATIVE.

/READ BY/ GORDON V SMITH, M.D.
/Electronically Signed By/ OSCAR P ORILLE, M.D.

MEF

Baptist Medical Center South
 2105 E. South Blvd. Montgomery, AL 36116
 Tue Sep 21, 2004 09:33 pm
 Outpatient Summary Report

Pat Name: THOMPSON, DOUGLAS Page: 1
 Unit #/Acct #: 000567122/B0426500495
 Loc: E/R
 Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

 In: 09/21/04 1455 Spec: Bloc
 Out: 09/21/04 1521 | BASIC METABOLIC | Techs: VB19095 TB222
 Coll Time: 09/21/04 1455
 Order Phys: MOOREHOUSE, JOHN D [B0426500495/52238]

*STAT*STAT*STAT*
 Result Name Result
 BUN(mg/dl): 11 7-20
 Creatinine(mg/dl): 0.9 0.6-1.4
 Sodium(mmol/L): 134 L 135-145
 Potassium(mmol/L): 3.6 3.5-5.0
 Chloride(mmol/L): 100 97-112
 CO2(mmol/L): 25 22-32
 Glucose(mg/dl): 140 H 60-120
 Calcium(mg/dl): 8.6 8.5-10.5

 In: 09/21/04 1455 Spec: Bloc
 Out: 09/21/04 1502 | CBC | Techs: VB19095 TB578
 Coll Time: 09/21/04 1455
 Order Phys: MOOREHOUSE, JOHN D [B0426500495/52238]

*STAT*STAT*STAT*
 Result Name Result
 WBC(thou/cmm): 9.4 4.0-10.0
 RBC(mill/cumm): 4.55 4.2-5.9
 Hgb(gm/dl): 14.6 13.0-17.5
 Hct(%): 41.3 39-51
 MCV(fl): 91 80-100
 MCH(pg): 32 26-34
 MCHC(%): 35 31-35
 Plt ct(thou/cmm): 157 150-440
 RDW(%): 12.7 11.5-14.5
 Neutrophils(%): 77 H 45-75
 Lymphs(%): 18 L 20-53
 Monos(%): 4 2-12
 Eos(%): 2 0-8
 Basos(%): 0 0-2

Outpatient Summary Report

THOMPSON, DOUGLAS
 000567122/B0426500495
 E/R
 (M-05/25/65)
 Dr. MOOREHOUSE, JOHN D

Baptist Medical Center South
2105 E. South Blvd. Montgomery, AL 36116
Tue Sep 21, 2004 09:33 pm
Outpatient Summary Report

Pat Name: THOMPSON, DOUGLAS Page: 2
Unit #/Acct #: 000567122/B0426500495
Loc: E/R
Phys-Service: MOOREHOUSE, JOHN D - EMERGENCY

In: 09/21/04 1756 Spec: Urin
Out: 09/21/04 1945 | MICROSCOPIC EXAM UA. | Techs: VRN TB1840
Coll Time: 09/21/04 1628
Order Phys: MOOREHOUSE, JOHN D [B0426500495/52238]

Result Name	*STAT*STAT*STAT* Result	Normal Range
Epiths(/HPF):	Occ	0-5
Bacteria:	Occ	

In: 09/21/04 1628 Spec: Urin
Out: 09/21/04 1757 | URINALYSIS | Techs: VRN TB1840
Coll Time: 09/21/04 1628
Order Phys: MOOREHOUSE, JOHN D [B0426500495/52238]

Result Name	*STAT*STAT*STAT* Result	Normal Range
Color:	Yellow	
Appearance:	Clear	
pH(pH Units):	6.0	5.0-8.0
Protein Urine(mg/dl):	NEGATIVE	Negative
Glucose(mg/dl):	NEGATIVE	neg
Ketone(mg/dl):	NEGATIVE	neg
Blood, Occult:	SMALL	neg
Leukocyte:	NEGATIVE	neg
Nitrite:	NEGATIVE	neg
Spec Gravity:	1.004	1.002-1.030
Comment:	Microscopic to follow.	

End of Report - 09/21/04 2133P.

Outpatient Summary Report

THOMPSON, DOUGLAS
000567122/B0426500495
E/R
(M-05/25/65)
Dr. MOOREHOUSE, JOHN D

39 years
Male
Caucasian
Technician:

Vent. rate 93 bpm
PR interval 138 ms
QRS duration 100 ms
QT/QTc 322/400 ms
P-R-T area 69 38 66

Normal sinus rhythm
Normal ECG

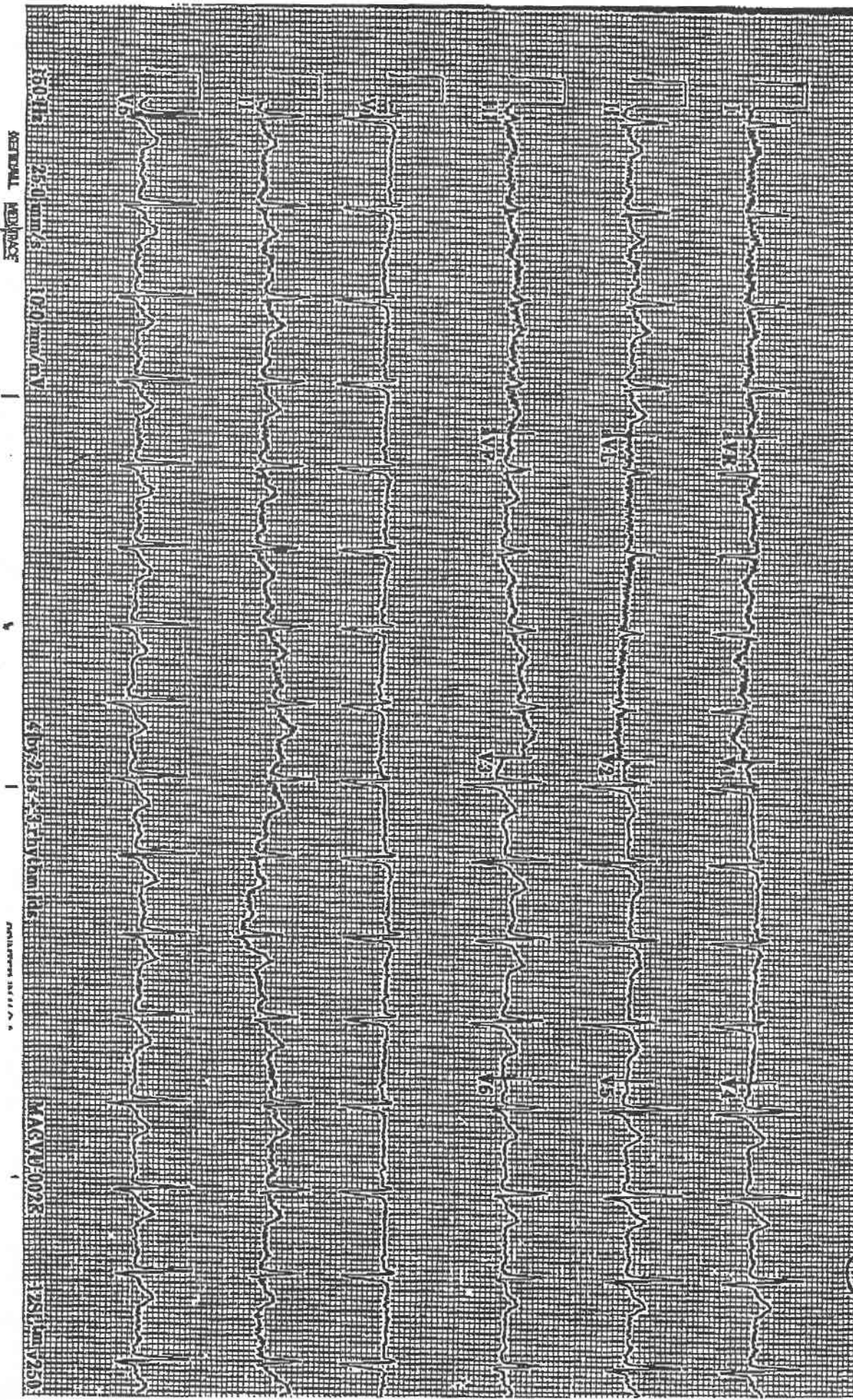
Referred by: MOOREHOUSE, JOHN

Unconfirmed

BO426500475 THORNTON, DOUGLAS
DOB: 03/25/65 Age: 39Y MR #567122
Admit Date/Time: 09/21/04 1440P
911 MOOREHOUSE, JOHN D

%

(Handwritten signature)



GENERAL MEDICAL


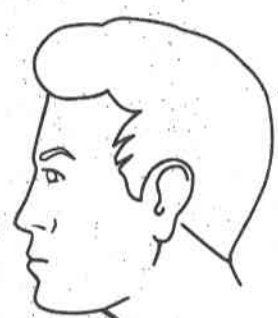
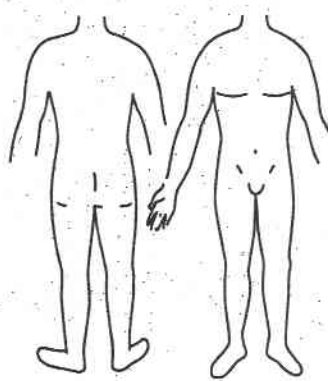
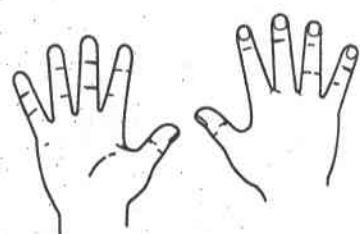
PRINTED ON 09/22/04

MAGYU-002K P251cm V250

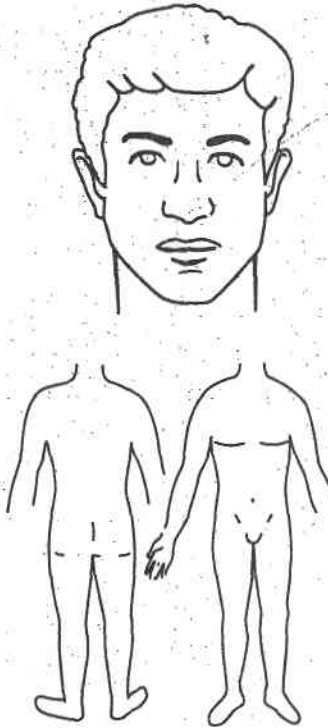
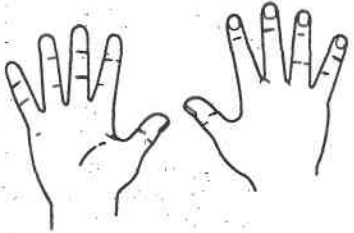
EMERGENCY

ADMISSION DATE 9 02 104 430 AM		ORIGINATING FACILITY E/more		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NK DA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98 ORAL RECTAL		RESP. 20		PULSE 76 B/P 118/80	
NATURE OF INJURY OR ILLNESS S - Body Chert Per Doc		ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
D - Bruise TO L. Orbit of eye - poss blood in scleara (L) eye Swelling (L) jaw Dog → (L) EXT. - Sm loc x2 on (L) lower of neck of (L) leg A - Mt. in 4 hrs interfering, Act					
PHYSICAL EXAMINATION 1st Compct		RIGHT OR LEFT RIGHT OR LEFT			
P - Admit PT TO mov until to Surg. Dog 1's @ 9p (L) Dog 7 days lg. Diet till T Surg med's orderd see MAK		ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
DISCHARGE DATE 9 129 01 1300 AM		RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 9/12/04		PHYSICIAN'S SIGNATURE [Signature]	
INMATE NAME (LAST, FIRST, MIDDLE) NATION, MARVIN		DOC# 141669		DOB 3-19-66	
		R/S Wm		FAC. E/more	

EMERGENCY

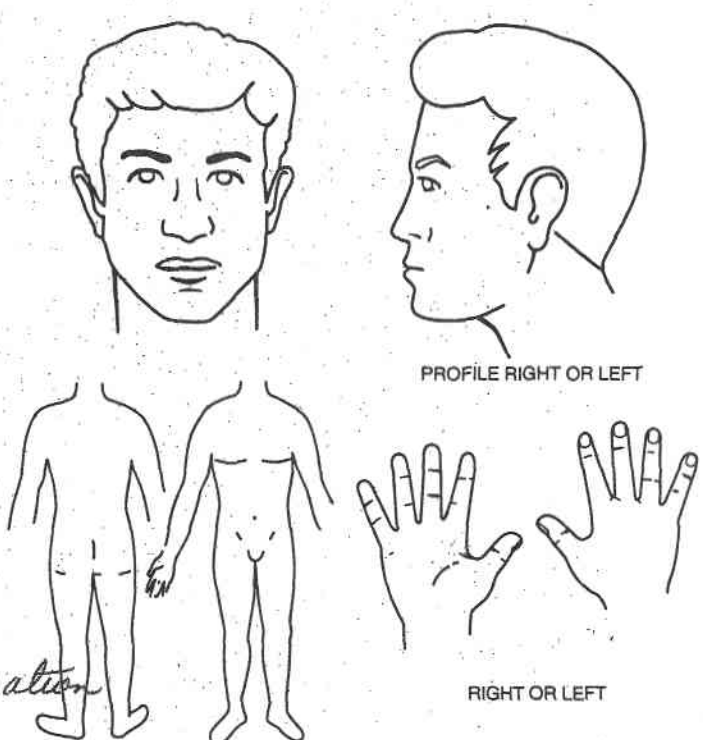
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ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP 98.1		ORAL RECTAL	RESP. 20	PULSE 68	B/P 90/72	RECHECK IF SYSTOLIC 1 <100> 50																								
NATURE OF INJURY OR ILLNESS S - Body chart per DOC request re: MVA on Road Squad			ABRASION ///	CONTUSION #	BURN <input type="checkbox"/> <input type="checkbox"/>	FRACTURE <input type="checkbox"/> <input type="checkbox"/>																								
			LACERATION / SUTURES																											
			<div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">RIGHT OR LEFT</p>																											
PHYSICAL EXAMINATION O - Ambulated to H room. Slight limp - bandage to R & extremity. Bright red blood noted - reinforced. Clean 4x4's and secured to thigh. Luf and Mandible maxillary edematous & bruising noted. Alert and conversing. Nurse & officer. Acute distress noted. A - Allusion in comfort. P - MD to review.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																					
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																												
DIAGNOSIS																														
INSTRUCTIONS TO PATIENT																														
DISCHARGE DATE 9/21/04		TIME 2:35 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE Michelle Ford		DATE 9/21/04	PHYSICIAN'S SIGNATURE		DATE																									
INMATE NAME (LAST, FIRST, MIDDLE) Nation Marvin			DOC# 141669	DOB 3-19-66	R/S w/m	FAC. ECC																								

**EMERGENCY**

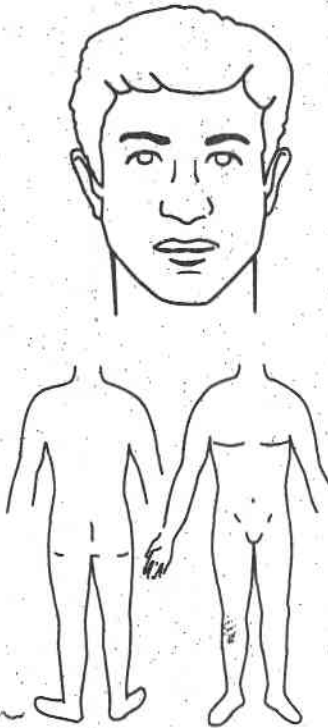
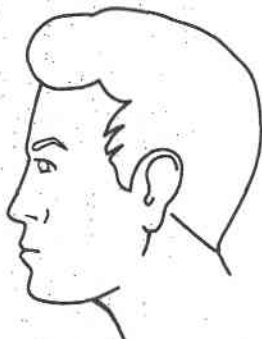
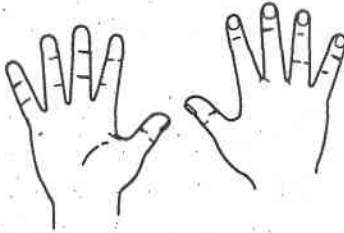
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ALLERGIES NKA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																										
VITAL SIGNS: TEMP 98.1 ORAL RECTAL		RESP. 20		PULSE 88 B/P 124/86 RECHECK IF SYSTOLIC 1 <100> 50																								
NATURE OF INJURY OR ILLNESS S- Body Chart per POC request M: MVA on Road squad - "I bruised both of my legs"		ABRASION ///		CONTUSION #	BURN ^{xx} / _{xx}	FRACTURE ^Z / _Z	LACERATION / SUTURES																					
PHYSICAL EXAMINATION D- X-rayed in Hospital ER Amputated to TX room & limp - d discoloration noted to calf area A break in skin noted & acute distress A - Attention in comfort P - MD to review		 PROFILE RIGHT OR LEFT  RIGHT OR LEFT																										
		ORDERS / MEDICATIONS / IV FLUIDS <table border="1"><thead><tr><th></th><th>TIME</th><th>BY</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						TIME	BY																			
	TIME	BY																										
DIAGNOSIS																												
INSTRUCTIONS TO PATIENT																												
DISCHARGE DATE 9/21/04 2045 AM PM		RELEASE / TRANSFERRED TO <input type="checkbox"/> DOG <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																								
NURSE'S SIGNATURE [Signature]		DATE 9.21.04		PHYSICIAN'S SIGNATURE [Signature]																								
INMATE NAME (LAST, FIRST, MIDDLE) Dennis, Joey		DOC# 224604		DOB 9.12.78		R/S W/M																						
				FAC. Ecc																								



EMERGENCY

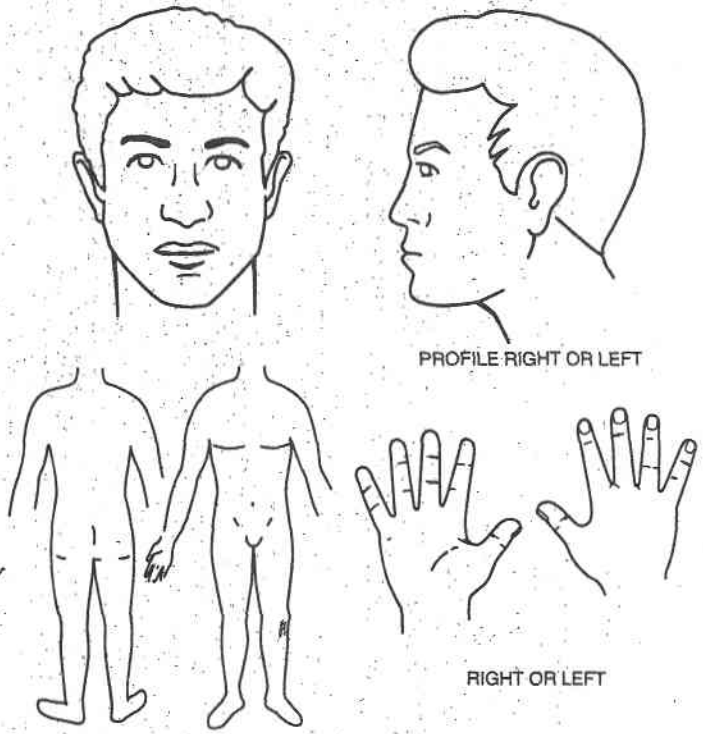
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ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.1		ORAL RECTAL	RESP. 20	PULSE 88	B/P 102/68	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S- My left leg is swollen - they said that it wasn't broken (from xray) just bruised badly. Bodychart per doc request re: MVA on Road Squad			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
PHYSICAL EXAMINATION D - Ambulated to tx room Slight limp - (L) calf noted to be edematous & some discoloration warm to touch not hot no other injuries noted A - Alteration in comfort P - MP to review			 PROFILE RIGHT OR LEFT RIGHT OR LEFT			
			ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 9/21/04 2010		TIME AM PM	RELEASE / TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Smilee Jpn		DATE 9.21.04	PHYSICIAN'S SIGNATURE		DATE CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) Jackson, Marcus			DOC# 187650	DOB 72-9-98	R/S B/M	FAC. E/C

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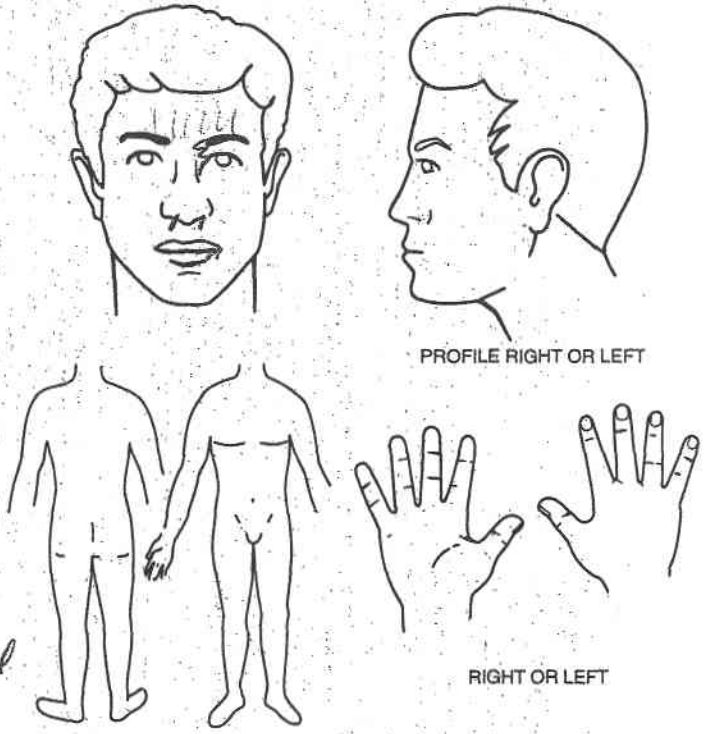
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ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.1		ORAL RECTAL	RESP. 20	PULSE 88	B/P 106/93	RECHECK IF SYSTOLIC 1 <100> 50
NATURE OF INJURY OR ILLNESS S- Body chart per DOC request re: MVA on Road Squad "It just hurt my leg - a tire hit me and hyper-extended my leg."			ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z
			LACERATION / SUTURES			
PHYSICAL EXAMINATION X-rays done in hospital ER ambulated to tx room & slight limp superficial lacerations noted to left leg & any bleeding - & discoloration noted to area - & warmth to touch A - Attention in "comfort" P - MD to Review					 PROFILE RIGHT OR LEFT	
					 RIGHT OR LEFT	
DIAGNOSIS			ORDERS / MEDICATIONS / IV FLUIDS		TIME	BY
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 9/21/04		TIME 2030 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Amillion		DATE 9.21.04	PHYSICIAN'S SIGNATURE		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Lambert, Larry			DOC# 105129	DOB 9.19.69	R/S W/m	FAC. ELC



EMERGENCY

ADMISSION DATE 9/21/04 1950 AM		TIME AM PM		ORIGINATING FACILITY KCC <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.1		ORAL RECTAL		RESP. 20		PULSE 80 B/P 126/76	
NATURE OF INJURY OR ILLNESS S-Body chart per DOC request re: MVA on road squad My arm and shoulder are bruised - the right I bruised my leg also				RECHECK IF SYSTOLIC <100> 50			
				ABRASION ///		CONTUSION #	
				BURN xx xx		FRACTURE Z Z	
				LACERATION /		SUTURES	
							
				PROFILE RIGHT OR LEFT			
				RIGHT OR LEFT			
PHYSICAL EXAMINATION D- Ambulated to tx room's difficulty Small laceration noted to thigh & bleeding - cp soreness to neck and R shoulder/arm - full ROM to extremities & acute distress noted A- Activation in comfort P- MD to review				ORDERS / MEDICATIONS / IV FLUIDS			
				TIME			
				BY			
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
DISCHARGE DATE 9/21/04 2000 AM		TIME AM PM		RELEASE / TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Miller Jpn		DATE 9.21.04		PHYSICIAN'S SIGNATURE		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Berdue, Donald		DOC# 213809		DOB 3-15-73		R/S Bm	
						FAC. Eve	



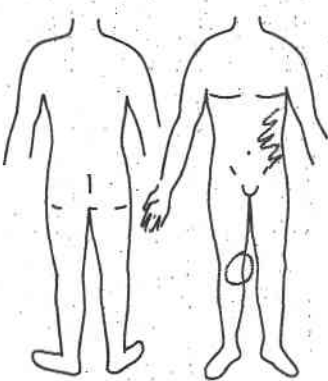
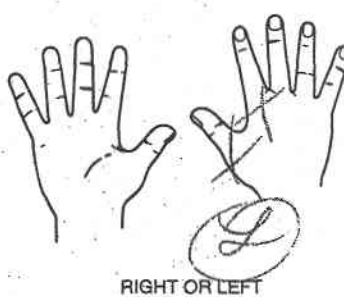
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ALLERGIES NKA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																			
VITAL SIGNS: TEMP 98.1 ORAL RECTAL		RESP. 20		PULSE 60 B/P 98/62 RECHECK IF SYSTOLIC <100> 50																	
NATURE OF INJURY OR ILLNESS S - Body chart per POC request re: MVA on Road Squad # "I don't know what happened." "I just know that I broke my nose"		ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES																			
PHYSICAL EXAMINATION O - On Vitals to tx room c edema to nose + laceration to left eye brow c suture - pack^{ing} to nose done in hospital L.R. & Active bleeding @ this time superficial lacerations to forehead and corner of mouth & bleeding - & active distress A - Alleviation in comfort P - MD to review		 <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>																			
DIAGNOSIS		ORDERS / MEDICATIONS / IV FLUIDS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TIME</th> <th>BY</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				TIME	BY														
TIME	BY																				
INSTRUCTIONS TO PATIENT																					
DISCHARGE DATE 9/21/04 220 AM PM		RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																	
NURSE'S SIGNATURE M. Miller		DATE 9.21.04		PHYSICIAN'S SIGNATURE ECC																	
INMATE NAME (LAST, FIRST, MIDDLE) Spears, Douglas		DOC# 184120		DOB 8-30-76																	
		R/S W/m		FAC. ECC																	




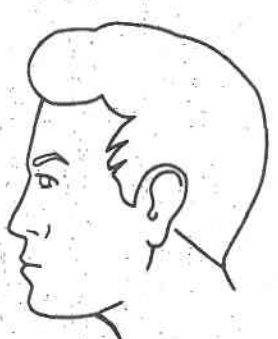
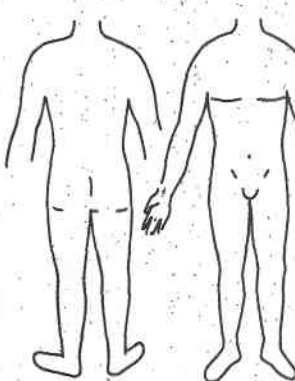
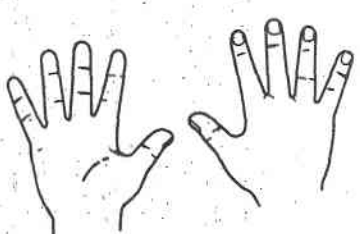
PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 9/21/04		TIME 2030 AM PM	ORIGINATING FACILITY ETC <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT												
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA														
VITAL SIGNS: TEMP 97.9		ORAL RECTAL	RESP. 20	PULSE 70	B/P 108/68	RECHECK IF SYSTOLIC <100> 50 1											
NATURE OF INJURY OR ILLNESS 5- "They had to sew the tendons back together in my hand 13 stitches in all" - I broke 3 ribs - it's hard to breathe			<div style="display: flex; justify-content: space-between;"> <div>ABRASION <input type="checkbox"/></div> <div>CONTUSION # <input type="checkbox"/></div> <div>BURN <input type="checkbox"/> <small>xx</small> <input type="checkbox"/> <small>xx</small></div> <div>FRACTURE <input type="checkbox"/> <small>Z</small> <input type="checkbox"/> <small>Z</small></div> <div>LACERATION / SUTURES <input type="checkbox"/></div> </div>														
			<div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">RIGHT OR LEFT</p>														
PHYSICAL EXAMINATION O - Ambulated to tx room & slight limp some edema and discoloration noted to medial knee & break in skin. Hand has bandage and splint covering sutures. Superficial lacerations noted to forehead and side of face and head & acute distress noted. A - Alteration in comfort P - MD to review			ORDERS / MEDICATIONS / IV FLUIDS														
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				TIME	BY									
TIME	BY																
DIAGNOSIS																	
INSTRUCTIONS TO PATIENT																	
DISCHARGE DATE 9/21/04		TIME AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL												
NURSE'S SIGNATURE Emeline		DATE 9.21.04	PHYSICIAN'S SIGNATURE		DATE												
INMATE NAME (LAST, FIRST, MIDDLE) Thompson, Douglas			DOC# 164485	DOB 5-25-45	R/S whm	FAC. etc											



EMERGENCY

ADMISSION DATE 9/21/04		TIME 3:45 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	ORIGINATING FACILITY SLM 2015 <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT					
ALLERGIES NKN			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA							
VITAL SIGNS: TEMP 100.1		ORAL RECTAL	RESP. 24	PULSE 106	B/P 138/96	RECHECK IF SYSTOLIC <100> 50 1				
NATURE OF INJURY OR ILLNESS S- FEEL OK. NOTHING HAPPENED TO ME EXCEPT I FEEL DEPRESSED O. AAOX 3. SKIN W/D TO TOUCH RISP ALONG E EAR. NO BRUISES OR INFLAMMATION NOTED. C/O DISTRESS			ABRASION ///		CONTUSION #	BURN <input checked="" type="checkbox"/> <input type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input type="checkbox"/>	LACERATION / SUTURES		
							PROFILE RIGHT OR LEFT			
							RIGHT OR LEFT			
			ORDERS / MEDICATIONS / IV FLUIDS						TIME	BY
PHYSICAL EXAMINATION A. ALT IN COMFORT P.D Tylenol 650mg T PO NOW FOR FEVER. D DUC			DIAGNOSIS							
INSTRUCTIONS TO PATIENT										
DISCHARGE DATE 9/21/04		TIME 3:56 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL					
NURSE'S SIGNATURE [Signature] LPN		DATE 9/21/4	PHYSICIAN'S SIGNATURE		DATE	CONSULTATION				
INMATE NAME (LAST, FIRST, MIDDLE) TUCKER, LEAMON			DOC# 125736	DOB 9/25/60	R/S B/m	FAC. FCC				

~~LEAMON~~ TUCKER #125736
B-1-180

9-21-04 Wer.

AROWA 1 PM., Stop to take break

APPR. 1 P.M., WE STOP TO TAKE A break ON HWY. 231
while on break, Everybody ELSE WAS ON THE VAN.
I WAS DRINKING A COKE STANDING ON THE PASSENGER
SIDE OF THE VAN, and I TURN TO MY RIGHT AND
LOOK DOWN THE HIGHWAY AND SEEN THIS ~~WHITE~~
CAR. THE DRIVER OF THE CAR APPEAR TO HAVE
PASS OUT. THE DRIVER RAN ACROSS THE MILE MARK
ON THE SIDE OF THE HIGHWAY. AFTER STRIKING
THE MILE MARKER HE SLAM INTO THE BACK
OF THE VAN. THE CAR BOUNCE BACK INTO
THE DITCH AND AMERIS CAUGHT A FIRE.
MY SUPERVISOR INSTRUCT ME TO HELP GET THE
DRIVER OUT OF THE CAR, BECAUSE THE IMPACT
SEEM TO HAVE KNOCK HIM ^{UNCONIOUS} ~~UNCOUS~~. AFTER
RETURNING TO THE VAN TO HELP THE INMATE
GET OFF THE VAN. THE VAN CAUGHT A FIRE
WE WAITED ON THE EMERGENCY TO COME HELP.

Leamon Tucker #125736

Douglas Spears Ais. 184120

Sitting in fan and was hit. Do not
know what happened.
Douglas Spears.

Marvin Watson #141669

we were parked on the side of the
road and all the sudden we got hit
By another car.

Marvin Watson
141669

9/23/04

On 9-21-04 at approx 1:30 pm, we pulled over on Hwy 231 to take a break. I got out of the van to get a soda from the cooler, I got back in the van, I was sitting on the 3rd seat - driver's seat being the first seat - on the drivers side. I opened my coke & took a good swallow and time I finished, I heard a Whhammm! Glass shattering and I'm trying to figure out what just happened. I could feel the van when it raised up off the ground. I climbed out of the van and help the other guys who were in the back of the ^{van} out. I helped pull some of the serious injured ones away from the van because the car that hit us was on fire. The fire dept, and paramedics arrived and took us to the hospital. That's all I know of the accident.

Marcus Jackson 187650
Marcus Jackson
B/M 187650

9-23-04

Donald Perdue - C-2-1397/213809

On 9-21-04. We pulled over to pick up the sign. and while during so, we took a break. I was seating on the second seat From the Front, directly behind Mr. Amberson. At the time I had been reading the news paper. Just a ~~few~~ few seconds, aftering putting the news paper down, I Felt an impack, and then the back end of the van went up in the air with some of us still on the van, Then I was praying Please Lord don't Let it Flip over. All of a sudden it Landed back ~~at~~ on the ground. That is when Mr. Amberson seat and him hit me in my chest. Then he began to get out of the van, when he got out, Then I began to try to move, but my leg was caught. I Pulled until I got my leg to saftey, Then I began to make it out of the van. When I made it out, I was in real bad pain, The I Looked to my Right and saw the old man trying to get out of his car, but he could not, That Is when I told two of the inmates that was carrying another injured inmate, That I will pull the injured inmate to saftey, Just help the old man. The Fire had started to get ~~worse~~ worser.



I Was setting in the second to the last
set, just got through Eating my lunch and
taking a Rest Room Break.

The next thing that Happened A car Hit
the Van in the Rear End I didn't Hear or
see the Car Coming

Date 9-23-04

Joey Dennis


Joey Dennis

Sept. 23
2004

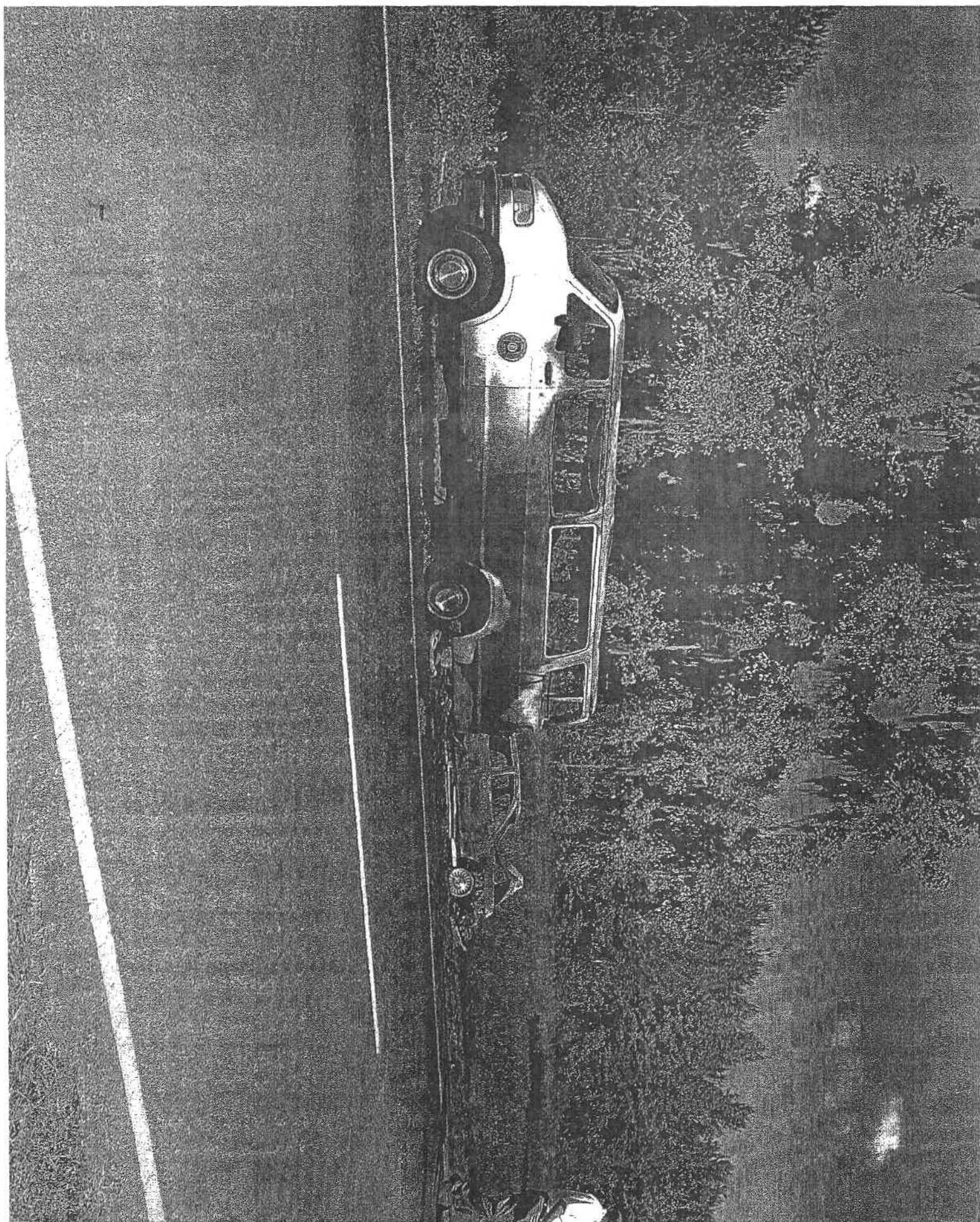
We were parked on the side of the Medina on the
pass, of Hwy 231 north. I left the van by using the Back
Door to use the Bath-Room. ~~When~~ When I got back, I was
only at the van for 2 or 3 min before the car came off the Road,
and hit ~~me~~ marker. It was then that I knew something
was wrong. before I could react, the car had hit me too, and
then continued on. I didn't see or remember seeing much
more, and heard the crash.

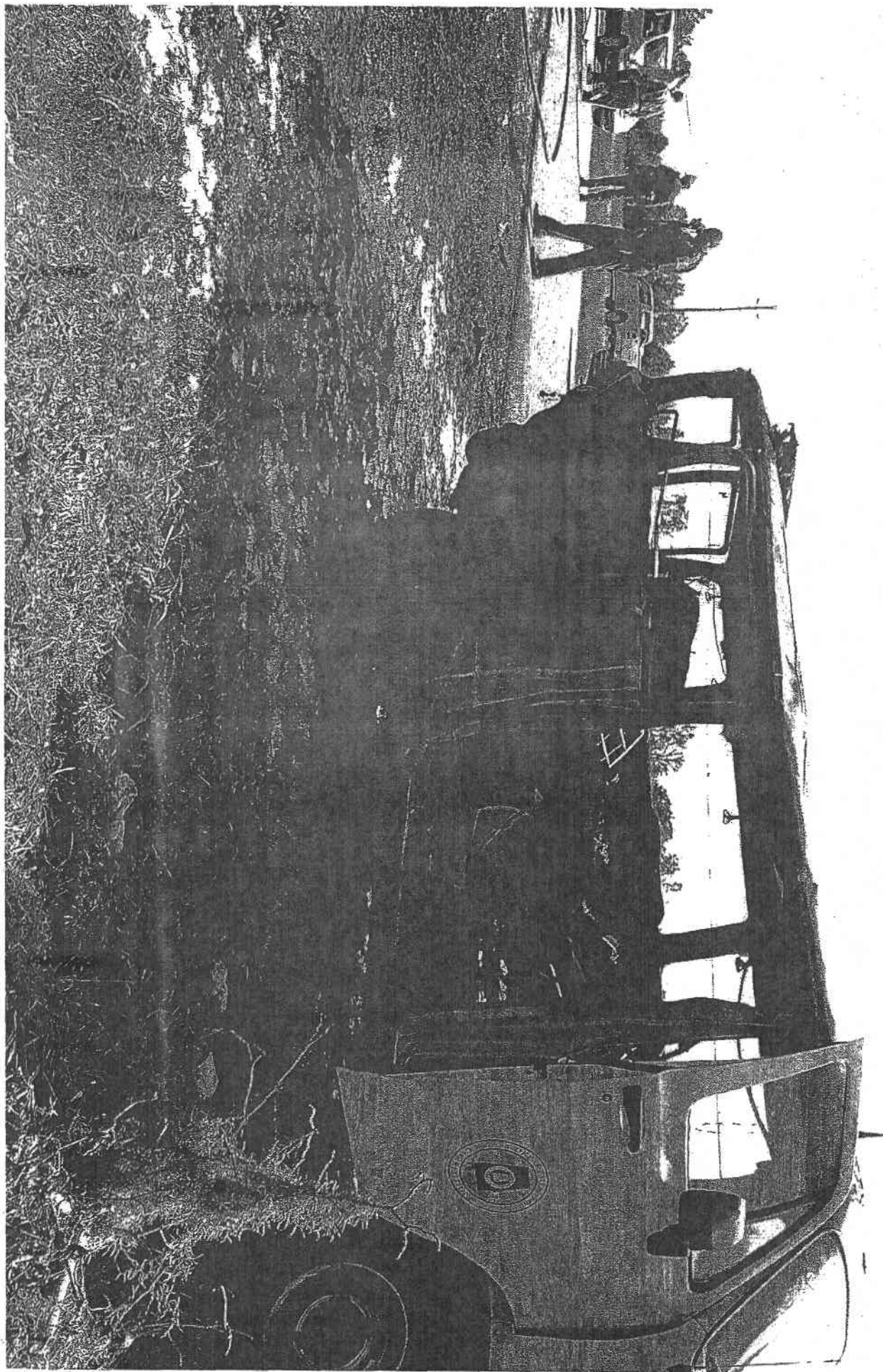
Douglas Thompson
#166485

9-23-04

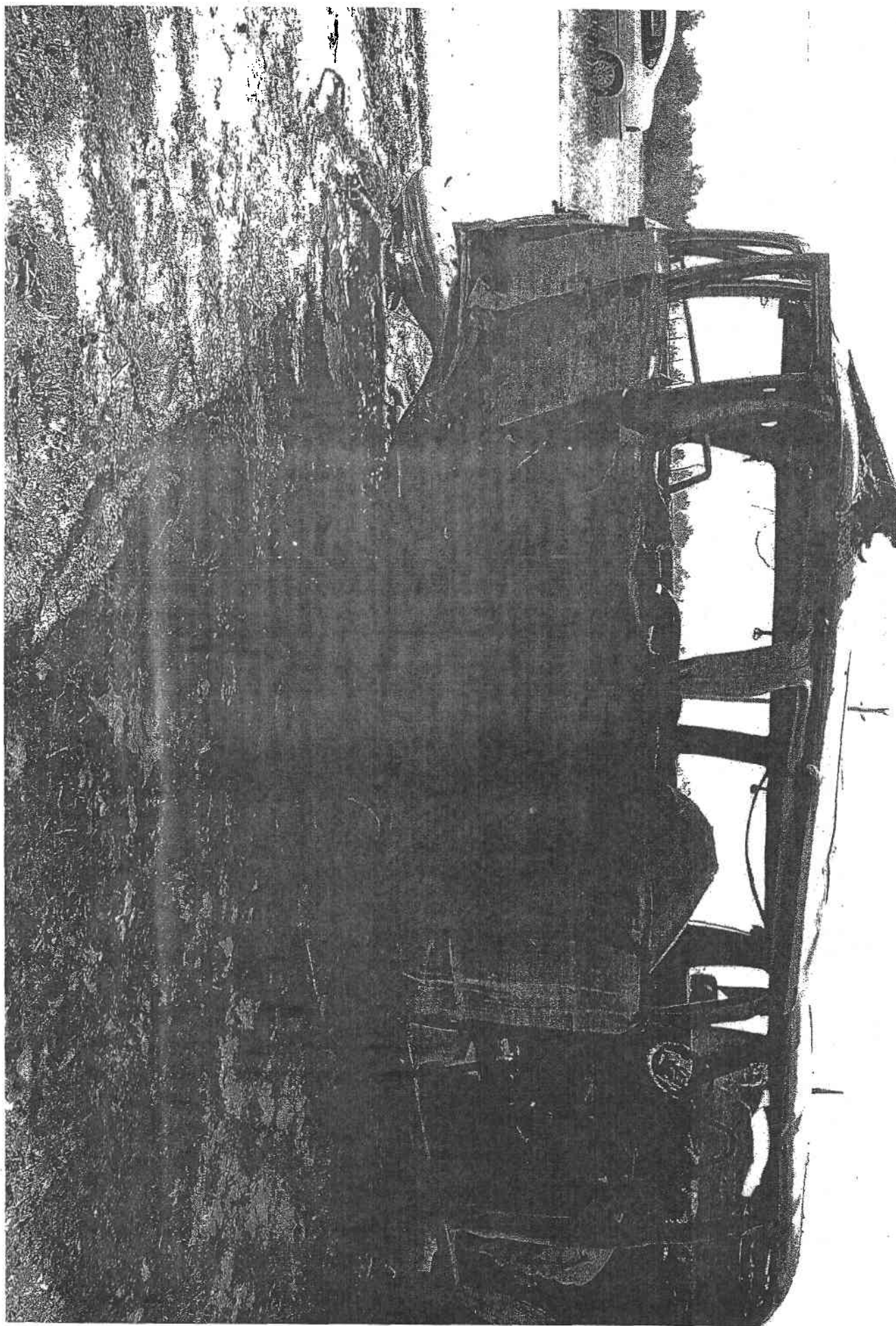
I LARRY LAMBERT WAS sitting inside of the VAN in the second from last seat in the back on the drivers side. I just finished my lunch And WAS reading An old news paper when the CAR hit us from behind. I never heard it coming no tire squeals or nothing. 

Larry Lambert
195129









MESSAGE CONFIRMATION

SEP-21-2004 02:58PM TUE

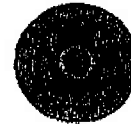
FAX NUMBER: 334 567 1804
NAME : ELMORE CORRECTIONAL

NAME/NUMBER : 567-0704
PAGE : 001
START TIME : SEP-21-2004 02:58PM TUE
ELAPSED TIME : 00' 35"
MODE : G3 STD
RESULTS : [O.K]



BOB RAY
GOVERNOR
WILLIE THOMAS
WARDEN III

State of Alabama
Alabama Department of Corrections
Staton Correctional Facility
P.O. Box 56
Elmore, Alabama 36025
Phone: 334-567-2221 Fax: 334-567-0704



DONAL CAMPBELL
COMMISSIONER
IRON FORTNESS
WARDEN II

COMMUNICATION DIVISION

TO: ELMORE CC DATE: 9-21-04

ATTENTION: CPT MATTHEWS FAX#

RE: CRIMINAL HISTORY DRIVERS HISTORY WANTED PERSON CHECK VEHICLE REGISTRATION

WE ARE BEGINNING TO SEND A COMMUNICATION OF 3 PAGES INCLUDING COVER SHEET.

PLEASE CONTACT PEO KEETLEY AT STATON CORRECTIONAL FACILITY SHOULD YOU NOT RECEIVE ALL PAGES.

COMMENTS

TAG CHECK 8A 00315

INFORMATION: R/S DOB

RECEIVED BY: John Matthews DATE: 9/21/04

NOTE: Person receiving the above information must sign this cover sheet and fax back to Staton Correctional Facility's Communications Division for NCIC/ACJC compliance regulations.

DISCLAIMER: The information contained in this transmission is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of or taking of any action in reliance in the contents of this Tele-copied information is strictly prohibited. If you have received this transmission in error, please notify us.

**ALABAMA DEPARTMENT OF CORRECTIONS
CENTRAL COMMUNICATIONS INCIDENT REPORT**

Type of Incident: Accident Involving DOC Vehicle Institution: Elmore C C

Victim(s) Willie Ambers, COI AIS# N/A R/S B/M DOB: 09/15/55

Suspect(s) _____ AIS# _____ R/S _____ DOB: _____

Sentenced From: _____ Date of Sentence: _____

Crime _____ Length of Sentence _____

Date: 09/21/04 Time: 2:00 Location: Highway 231 South, Montgomery

Brief Narrative:

On 09/21/04 Officer Willie Ambers was involved in an accident. The van he was driving was rear-ended on Highway 231 South (Montgomery). A total of nine (9) inmates were injured. Joey Dennis W/224604, Marcus Jackson B/187650, Larry Lambert W/195129, Marvin Nation W/141669, Donald Perdue B/213809, Douglas Spears W/184120, Douglas Thompson W/166485R, Leamon Tucker B/125736, all sustained non-life threatening injuries. Inmate Paul Laco W/197687 sustained life threatening injuries and is currently at Baptist South Hospital in Montgomery, Alabama.

Official Reporting: Capt John Matthes Date: 09/21/04 Time: 4:00 PM

Receiver of Report: PCO Keetley DOC Communication Div.

Dep. Commissioner: Greg Lovelace E-Mail Date: 09/21/04 Time: PM

Inst. Coordinator: Roy Hightower E-Mail Date: 09/21/04 Time: PM

Investigations: Paul Barfoot FAX Date: 09/21/04 Time: PM

Comm Corr Dir: Steve Hayes E-Mail Date: 09/21/04 Time: PM

Central Records: Notified by E-Mail Date: 09/21/04 Time: PM

Public Info Officer: Brian Corbett E-Mail Date: 09/21/04 Time: PM

Central Classification Paul Whaley E-Mail Date: 09/21/04 Time: PM



BOB RILEY
GOVERNOR

WILLIE THOMAS
WARDEN III

State of Alabama
Alabama Department of Corrections

D.O.C. Central Communications / State Correctional Facility

P.O. Box 56

Elmore, Alabama 36025

Phone: 334-567-2221 - Fax: 334-567-0704



DONAL CAMPBELL
COMMISSIONER

LEON FORNISS
WARDEN II

Ref: Escapes/Recaptures/Major Incidents and Important Teletypes

This fax is being sent to several locations at the same time. When received at your location, please make copies and give a copy to each person or department on your list.

D.O.C. CENTRAL OFFICE

SEPTEMBER 17, 2004

Commissioner	Donal Campbell	"
Ex Asst. Commissioner	Steve Hayes	"
Deputy Commissioner	Greg Lovelace	"
Institutional Coordinator	Roy Hightower	"
Public Information Officer	Brian Corbett	"
Comm Contr. Program Dir.	Steve Hayes	"
R.M.E.	David Horn	"

SEPTEMBER 24, 2004

INVESTIGATION & INTELLIGENCE

Paul Barfoot	Central I & I
Scotty Wells	Birmingham I & I
John Walls	Northern I & I
Donnie Nunley	Southern I & I

CENTRAL RECORDS DIVISION

Katrina Atkins / Aurelia Adams

CENTRAL CLASSIFICATION

Paul Whaley

KILEY CORRECTIONAL FACILITY

Warden Rowell
Classification
Receiving
Medical Records

BOB RILEY
GOVERNORWILLIE THOMAS
WARDEN IIIState of Alabama
Alabama Department of Corrections

Staton Correctional Facility

P.O. Box 56

Elmore, Alabama 36025

Phone: 334-567-2221- Fax: 334-567-0704

DONAL CAMPBELL
COMMISSIONERLEON FORNISS
WARDEN II

COMMUNICATION DIVISION

TO: ELMORE CC DATE: 9-21-04ATTENTION: CAPT MATTHEWS FAX#RE: CRIMINAL HISTORY DRIVERS HISTORY WANTED PERSON CHECK VEHICLE REGISTRSTIONWE ARE BEGINNING TO SEND A COMMUNICATION OF 3 PAGES INCLUDING COVER SHEET.PLEASE CONTACT PCO KEETLEY AT STATON CORRECTIONAL FACILITY SHOULD YOU NOT RECEIVE ALL PAGES.

COMMENTS

TAG CHECK 8A 0031T

INFORMATION: R/S DOB

RECEIVED BY: John Mathers DATE: 9/21/04**NOTE:** Person receiving the above information must sign this cover sheet and fax back to Staton Correctional Facility's Communications Division for NCIC/ACJC compliance regulations.**DISCLAIMER:** The information contained in this transmission is intended only for the use of the individual or entity named above. If you are not the intended recipient, your are hereby notified that any disclosure, copying, distribution of or taking of any action in reliance in the contents of this Tele-copied information is strictly prohibited. If you have received this transmission in error, please notify us.

VZH.09/21/04 14:44

DR.ALOLN0000.ALO29045C.

TXT

WALKER,GILBERT M JR

1690 MOUNTAIN TRAIL

WARRIOR

AL 35180

RAC/W. SEX/M. DOB/07231934. HGT/601. WGT/180. HAI/BLN. EYE/BLU.

OLN/1194868. OLT/OPERATOR. EXP/07312006. SOC/424320417

NON-COMMERCIAL STATUS/CURRENT. CLASS/DM

COMMERCIAL STATUS/UNLICENSED BOAT STATUS/UNLICENSED

SEQ # 0058 MRI # 105651

VZH.09/21/2004 14:44

ALO29045C

NO ACJIC PERSON WANTS NAM/WALKER,GILBERT M JR DOB/07231934 SEX/M RAC/W

NO ACJIC PERSON WANTS OLN/1194868

NO ACJIC PERSON WANTS SOC/424320417

SEQ # 0059 MRI # 105654

VZH.14:46 09/21/2004 105655

ALO29045C

NO NCIC WANT SOC/424320417

NO NCIC WANT OLN/1194868

NO NCIC WANT NAM/WALKER,GILBERT M JR DOB/19340723 RAC/W SEX/M

SEQ # 0060 MRI # 105655

VZH.09/21/2004 14:44

RR.ALIC0000.AL029045C.

LIY/PC CAR/TRUCK UP TO 8000 LBS - OR (VAN,CHURCH/PRIV BUS,VOL FIRE DEPT TRUCK)

LIC/8A0031J LIY/2004

WALKER GILBERT M JR

1690 MTN TRL

WARRIOR

AL 35180

VIN/ 2MEFM75W0XX628820 VMA/MERC VYR/1999 VMO/GRAND MAR VST/4S

CNT/08 DCL/00083304 VCO/6LD

ISS/06102004 EXP/092004

***** CAUTION *****

THIS INFORMATION IS BASED ON THE VEHICLE REGISTERED OWNER
 THE REGISTERED OWNER MAY NOT BE THE ACTUAL DRIVER OF THE VEHICLE
 DRIVER LICENSE NUMBER (OLN) HAS NOT BEEN VERIFIED

OWNER OLS/AL OWNER OLN/1194868

*** VEHICLE LIABILITY INSURANCE STATUS - UNKNOWN ***

END-OF-TAG-INQUIRY

GRACE PERIOD-COMMERICAL/FLEET-60 DAYS ALL OTHERS-30 DAYS

SEQ # 0056 MRI # 105630

VZH.09/21/2004 14:44

AL029045C

NO RECORD ACJIC LIC/8A0031J.

NO RECORD ACJIC VIN/2MEFM75W0XX628820

SEQ # 0056 MRI # 105632

VZH.14:45 09/21/2004 105633

AL029045C

NO RECORD LIC/8A0031J

NO RECORD VIN/2MEFM75W0XX628820

SEQ # 0057 MRI # 105633

Dispatch Signature: Chris

RUN #	METH RECD	UNIT #	CALL NAME NUMBER	CALL LOCATION	DELIVERED TO	TIME RECD	DISP	TIME ARR	TIME DPT	TIME ARR	TIME INS	ATTENDANT	DISP	TICKET #
							OUT					DRIVER		PCE #
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
46	CO [REDACTED]	1730	Brown	231 @ Meriwether	Bmc S	1330	1331					Leacock	CW	4092143
				961	968		1331	1342	1406	1418	1455	Ryland	CW	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
45	CO [REDACTED]	1721	Brown	231 @ Meriwether	Bmc S	1336	1336					Loare	CW	4092144
				804	811		1336	1344	1406	1413	1442	Gasha	CW	4092145
48	CO	147	Brown	231 @ Meriwether	Bmc S	1345	1345					Flavrs	CW	4092146
				850	855		1345	1354	1413	1422	1455	Lucas	CW	4092147
47	CO	117	Brown	231 @ Meriwether	Bmc S	1348	1348					Patterson	CW	4092148
				1167	173		1348	1405	1413	1422	1502	T. Haynes	CW	4092149
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED											

ALABAMA DEPT. OF CORRECTIONS
INVESTIGATION AND INTELLIGENCE DIVISION

FACSIMILE TRANSMITTAL SHEET

TO: Wanda Hadley & Bennie FROM: C. P. Barfoot
FAX NUMBER: _____ DATE: 10/19/04
COMPANY: _____ TOTAL NO. OF PAGES INCLUDING COVER: 9
PHONE NUMBER: _____ SENDER'S NAME: _____
RE: _____ YOUR REFERENCE NUMBER: _____

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

45T-2V
REV 1/21

SEP 28 2004

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

PG# 452503
Accident No. 452503

Shaded Areas To Be Used By Data Processing Only

DATE		TIME	DAY OF WEEK	COUNTY	CITY	ROUTE	LANE	LANE
09/21/2004		1:25	MO	03		00		
On Street, Road or Highway		At Intersection of or Between (Route 1)		And (Route 2)				
US 231		Marionette Rd. Montg. City Limit						
S006		8160		5559				
Interchange Related		1 - None 2 - None 2		1 - Main Rd 2 - Interchange 3 - Exit Ramp				
First Hazardous Event		77 2		14 ft.				
Driver Full Name		Gilbert Walker		1690 Mt. Trail Warrior, AL		Telephone No. 205		
DOB		07/23/1934		Since		DL State		DL Status
Month		Day		Year		DL Status		DL Status
Place of Employment		UNEMPLOYED		DMC		List Endorsements		Residence Less Than 25 Miles
Driver's License		1 - No Defect 2 - Apparently Adept 3 - Suspended 4 - III		Officer's Opinion		Alcohol/Drugs		Yes/No
Motorcycle		01		Travel Road Name		Road Code		Travel Direction
Vehicle Year		1999		Make		Model		Body
Vehicle Name		Same as Driver		Street or R.F.D.		City		State
Type		1 - Auto 2 - Station Wagon 3 - Pick Up 4 - Van 5 - Truck/Tractor 6 - Other Truck 7 - Comm. Bus 8 - School Bus 9 - Other Bus 10 - Motorcycle		11 - Moped 12 - M. Scooter 13 - Partial Cycle 14 - Farm Mach. 15 - Train 16 - Road Equip. 17 - Platform Vehicle 18 - M. Home (RV) 19 - ATV 20 - Other		10 - Police 11 - Other Business 12 - Bus/Truck Transport 13 - Fire Fighting 14 - Other		Hazardous Cargo
Attachment		1 - None 2 - Mobile Home 3 - Semi Trailer 4 - Utility Trailer 5 - 4 Wheel Trailer 6 - Boat Trailer		7 - Camper Trailer 8 - Towed Vehicle 9 - Trailer 10 - Pole Trailer 11 - Double Trailer 12 - Other		Overlaid Load (Reg. Permit) Yes/No		If Yes, Did Driver Have Permit? Yes/No
Contributing Factors		1 - None 2 - Brakes 3 - Steering 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windshield 10 - Windows/W. Sheld 11 - Throttle Sys. 12 - Truck Coupling 13 - Cargo 14 - Fuel System 15 - Unbalanced 16 - Other		Circle areas Damaged On Diagram		Enter Point of Initial Impact		
Vehicle Year		1999		Make		Model		Body
Vehicle Name		Same as Driver		Street or R.F.D.		City		State
Type		1 - Auto 2 - Station Wagon 3 - Pick Up 4 - Van 5 - Truck/Tractor 6 - Other Truck 7 - Comm. Bus 8 - School Bus 9 - Other Bus 10 - Motorcycle		11 - Moped 12 - M. Scooter 13 - Partial Cycle 14 - Farm Mach. 15 - Train 16 - Road Equip. 17 - Platform Vehicle 18 - M. Home (RV) 19 - ATV 20 - Other		10 - Police 11 - Other Business 12 - Bus/Truck Transport 13 - Fire Fighting 14 - Other		Hazardous Cargo
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Contributing Factors		1 - None 2 - Brakes 3 - Steering 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windshield 10 - Windows/W. Sheld 11 - Throttle Sys. 12 - Truck Coupling 13 - Cargo 14 - Fuel System 15 - Unbalanced 16 - Other		Circle areas Damaged On Diagram		Enter Point of Initial Impact		
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Vehicle Name		Same as Driver		Street or R.F.D.		City		State
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Contributing Factors		1 - None 2 - Brakes 3 - Steering 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windshield 10 - Windows/W. Sheld 11 - Throttle Sys. 12 - Truck Coupling 13 - Cargo 14 - Fuel System 15 - Unbalanced 16 - Other		Circle areas Damaged On Diagram		Enter Point of Initial Impact		

For Diagram see sheet Four

AST-27
REV. 1/01

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

Accident No. 354

LOCATION AND TIME		DATE		TIME		DAY OF WEEK		COUNTY		CITY		RURAL		HIGHWAY CLASSIFICATION		LOCAL CASE NO.	
11/5/2004		1:25		PM		M		03				<input checked="" type="checkbox"/>		General			
On Street, Road or Highway		At Intersection of or Between (Node 1)		And (Node 2)													
11.5 231		5006		8160		5559		11.1									
Information Related		Date 1 - 2 - Date 2		City Not Inc. Reported		Police Report		1 - Main Rd		2 - Frontage Rd		3 - Interchange		4 - Access Road		5 - Rail Road	
First Reported		77		2		14		Ft.									
Driver's Name		Driver's Address		City and State		ZIP		Telephone No.									
Driver's License No.		Driver's License No.		DL Class		DL Status		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With	
Place of Employment		Employer's Name		City and State		ZIP		Telephone No.									
Driver's Condition		1 - No Defect		2 - Apparently Asleep		3 - Fatigued		4 - Ill		5 - Other		6 - Unknown		7 - Seized		8 - Other	
Maneuver		Travel Road Name		Road Code		Travel Direction		N E S W A-Not on Rd U-Unknown									
Vehicle Year		Make		Model		Style		V.I.N.		License Tag Number		State		Year			
Owner's Name		Street or R.F.D.		City		State		ZIP									
Type		1 - Auto		11 - Moped		2 - Passenger		10 - Police		1 - None		2 - Mobile Home		7 - Camper Trailer		8 - Windrows/	
2 - Sedan		12 - M. Scooter		3 - Driver Trng.		11 - Other		2 - Explosive		3 - Gas		3 - Farm Trailer		8 - Toward Vehicle		9 - Windshield	
3 - Pick Up		13 - Pedal Cycle		4 - Construction		12 - Bus/Truck		4 - Flammable/Combust. Liq.		5 - Flammable Solids		9 - Utility Trailer		10 - Pole Trailer		10 - Tiremark	
4 - Van		14 - Farm Mach.		5 - Ambulance/Paramedical		13 - Fire Fighting		6 - Oxidizing/Corrosive		6 - Corrosive Material		10 - Double Trailer		11 - Double Trailer		11 - Whistle	
5 - Truck Tractor		15 - Train		6 - Military		14 - Fire Fighting		7 - Poison		7 - Radioactive Mat.		11 - Double Trailer		12 - Trailer		12 - Tiremark	
6 - Other Truck		16 - Road Equip.		7 - Transport Pkg.		15 - Other		8 - Radioactive Mat.		8 - Corrosive Material		12 - Double Trailer		13 - Trailer		13 - Tiremark	
7 - Comm. Bus		17 - Hidden Animal		8 - Agricultural		16 - Other		9 - Radioactive Mat.		9 - Corrosive Material		13 - Double Trailer		14 - Trailer		14 - Tiremark	
8 - School Bus		18 - M. Horse (R.V.)		9 - Washer/Tow		17 - Other		10 - Radioactive Mat.		10 - Corrosive Material		14 - Double Trailer		15 - Trailer		15 - Tiremark	
9 - Other Bus		19 - ATV		10 - Washer/Tow		18 - Other		11 - Radioactive Mat.		11 - Corrosive Material		15 - Double Trailer		16 - Trailer		16 - Tiremark	
10 - Motorcycle		20 - Other		11 - Washer/Tow		19 - Other		12 - Radioactive Mat.		12 - Corrosive Material		16 - Double Trailer		17 - Trailer		17 - Tiremark	
Speed Limit		Est. Speed		Citation Offense Charged		Damage		1 - None Visible		2 - Not Disabled		Vehicle Towed Away?		Occupants in Unit		Total Injuries in Unit	
MPH		MPH				Severity		2 - Not Disabled				Yes No		Yes No		Yes No	
Vehicle Towed By Whose		To Where															
Driver/Passenger Full Name		Street Address		City and State		ZIP		Telephone No.									
Douglas Thompson		P.O. Box 8		Elmore, AL		36025		567-1460									
DL Class		DL Status		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With		List Endorsements Not Completed With	
01251965		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Place of Employment		Employer's Name		City and State		ZIP		Telephone No.									
Unemployed																	
Driver's Condition		1 - No Defect		2 - Apparently Asleep		3 - Fatigued		4 - Ill		5 - Other		6 - Unknown		7 - Seized		8 - Other	
Maneuver		Travel Road Name		Road Code		Travel Direction		N E S W A-Not on Rd U-Unknown									
11		11.5 231		5006		N E S W A-Not on Rd U-Unknown											
Vehicle Year		Make		Model		Style		V.I.N.		License Tag Number		State		Year			
Owner's Name		Street or R.F.D.		City		State		ZIP									
Type		1 - Auto		11 - Moped		2 - Passenger		10 - Police		1 - None		2 - Mobile Home		7 - Camper Trailer		8 - Windrows/	
2 - Sedan		12 - M. Scooter		3 - Driver Trng.		11 - Other		2 - Explosive		3 - Gas		3 - Farm Trailer		8 - Toward Vehicle		9 - Windshield	
3 - Pick Up		13 - Pedal Cycle		4 - Construction		12 - Bus/Truck		4 - Flammable/Combust. Liq.		5 - Flammable Solids		9 - Utility Trailer		10 - Pole Trailer		10 - Tiremark	
4 - Van		14 - Farm Mach.		5 - Ambulance/Paramedical		13 - Fire Fighting		6 - Oxidizing/Corrosive		6 - Corrosive Material		10 - Double Trailer		11 - Double Trailer		11 - Whistle	
5 - Truck Tractor		15 - Train		6 - Military		14 - Fire Fighting		7 - Poison		7 - Radioactive Mat.		11 - Double Trailer		12 - Trailer		12 - Tiremark	
6 - Other Truck		16 - Road Equip.		7 - Transport Pkg.		15 - Other		8 - Radioactive Mat.		8 - Corrosive Material		12 - Double Trailer		13 - Trailer		13 - Tiremark	
7 - Comm. Bus		17 - Hidden Animal		8 - Agricultural		16 - Other		9 - Radioactive Mat.		9 - Corrosive Material		13 - Double Trailer		14 - Trailer		14 - Tiremark	
8 - School Bus		18 - M. Horse (R.V.)		9 - Washer/Tow		17 - Other		10 - Radioactive Mat.		10 - Corrosive Material		14 - Double Trailer		15 - Trailer		15 - Tiremark	
9 - Other Bus		19 - ATV		10 - Washer/Tow		18 - Other		11 - Radioactive Mat.		11 - Corrosive Material		15 - Double Trailer		16 - Trailer		16 - Tiremark	
10 - Motorcycle		20 - Other		11 - Washer/Tow		19 - Other		12 - Radioactive Mat.		12 - Corrosive Material		16 - Double Trailer		17 - Trailer		17 - Tiremark	
Speed Limit		Est. Speed		Citation Offense Charged		Damage		1 - None Visible		2 - Not Disabled		Vehicle Towed Away?		Occupants in Unit		Total Injuries in Unit	
MPH		MPH				Severity		2 - Not Disabled				Yes No		Yes No		Yes No	
Vehicle Towed By Whose		To Where															
Contributing Circumstances		Driver's Name		City and State		ZIP		Telephone No.									
1 - Improper Passing		12 - Improper Passing		21 - Vehicle Pushed by Person		22 - Vehicle Pushed by Person		23 - Vehicle Pushed by Person		24 - Vehicle Pushed by Person		25 - Vehicle Pushed by Person		26 - Vehicle Pushed by Person		27 - Vehicle Pushed by Person	
2 - Improper Lane Change/Use		13 - Improper Lane Change/Use		24 - Vehicle Pushed by Person		25 - Vehicle Pushed by Person		26 - Vehicle Pushed by Person		27 - Vehicle Pushed by Person		28 - Vehicle Pushed by Person		29 - Vehicle Pushed by Person		30 - Vehicle Pushed by Person	
3 - Improper Turn		14 - Improper Turn		27 - Vehicle Pushed by Person		28 - Vehicle Pushed by Person		29 - Vehicle Pushed by Person		30 - Vehicle Pushed by Person		31 - Vehicle Pushed by Person		32 - Vehicle Pushed by Person		33 - Vehicle Pushed by Person	
4 - Improper Stop		15 - Improper Stop		30 - Vehicle Pushed by Person		31 - Vehicle Pushed by Person		32 - Vehicle Pushed by Person		33 - Vehicle Pushed by Person		34 - Vehicle Pushed by Person		35 - Vehicle Pushed by Person		36 - Vehicle Pushed by Person	
5 - Improper Start		16 - Improper Start		33 - Vehicle Pushed by Person		34 - Vehicle Pushed by Person		35 - Vehicle Pushed by Person		36 - Vehicle Pushed by Person		37 - Vehicle Pushed by Person		38 - Vehicle Pushed by Person		39 - Vehicle Pushed by Person	
6 - Improper Merge		17 - Improper Merge		36 - Vehicle Pushed by Person		37 - Vehicle Pushed by Person		38 - Vehicle Pushed by Person		39 - Vehicle Pushed by Person		40 - Vehicle Pushed by Person		41 - Vehicle Pushed by Person		42 - Vehicle Pushed by Person	
7 - Improper Yield		18 - Improper Yield		39 - Vehicle Pushed by Person		40 - Vehicle Pushed by Person		41 - Vehicle Pushed by Person		42 - Vehicle Pushed by Person		43 - Vehicle Pushed by Person		44 - Vehicle Pushed by Person		45 - Vehicle Pushed by Person	
8 - Improper Right of Way		19 - Improper Right of Way		42 - Vehicle Pushed by Person		43 - Vehicle Pushed by Person		44 - Vehicle Pushed by Person		45 - Vehicle Pushed by Person		46 - Vehicle Pushed by Person		47 - Vehicle Pushed by Person		48 - Vehicle Pushed by Person	
9 - Improper Pedestrian		20 - Improper Pedestrian		45 - Vehicle Pushed by Person		46 - Vehicle Pushed by Person		47 - Vehicle Pushed by Person		48 - Vehicle Pushed by Person		49 - Vehicle Pushed by Person		50 - Vehicle Pushed by Person		51 - Vehicle Pushed by Person	
10 - Improper Bicycle		21 - Improper Bicycle		48 - Vehicle Pushed by Person		49 - Vehicle Pushed by Person		50 - Vehicle Pushed by Person		51 - Vehicle Pushed by Person		52 - Vehicle Pushed by Person		53 - Vehicle Pushed by Person		54 - Vehicle Pushed by Person	
11 - Improper Horse		22 - Improper Horse		51 - Vehicle Pushed by Person		52 - Vehicle Pushed by Person		53 - Vehicle Pushed by Person		54 - Vehicle Pushed by Person		55 - Vehicle Pushed by Person		56 - Vehicle Pushed by Person		57 - Vehicle Pushed by Person	
12 - Pedestrian		23 - Pedestrian		54 - Vehicle Pushed by Person		55 - Vehicle Pushed by Person		56 - Vehicle Pushed by Person		57 - Vehicle Pushed by Person		58 - Vehicle Pushed by Person		59 - Vehicle Pushed by Person		60 - Vehicle Pushed by Person	
13 - Bicycle		24 - Bicycle		57 - Vehicle Pushed by Person		58 - Vehicle Pushed by Person		59 - Vehicle Pushed by Person		60 - Vehicle Pushed by Person		61 - Vehicle Pushed by Person		62 - Vehicle Pushed by Person		63 - Vehicle Pushed by Person	
14 - Horse		25 - Horse		60 - Vehicle Pushed by Person		61 - Vehicle Pushed by Person		62 - Vehicle Pushed by Person		63 - Vehicle Pushed by Person		64 - Vehicle Pushed by Person		65 - Vehicle Pushed by Person		66 - Vehicle Pushed by Person	
15 - Pedestrian		26 - Pedestrian		63 - Vehicle Pushed by Person		64 - Vehicle Pushed by Person		65 - Vehicle Pushed by Person		66 - Vehicle Pushed by Person		67 - Vehicle Pushed by Person		68 - Vehicle Pushed by Person		69 - Vehicle Pushed by Person	
16 - Bicycle		27 - Bicycle		66 - Vehicle Pushed by Person		67 - Vehicle Pushed by Person		68 - Vehicle Pushed by Person		69 - Vehicle Pushed by Person		70 - Vehicle Pushed by Person		71 - Vehicle Pushed by Person		72 - Vehicle Pushed by Person	
17 - Horse		28 - Horse		69 - Vehicle Pushed by Person		70 - Vehicle Pushed by Person		71 - Vehicle Pushed by Person		72 - Vehicle Pushed by Person		73 - Vehicle Pushed by Person		74 - Vehicle Pushed by Person		75 - Vehicle Pushed by Person	
18 - Pedestrian		29 - Pedestrian		72 - Vehicle Pushed by Person		73 - Vehicle Pushed by Person		74 - Vehicle Pushed by Person		75 - Vehicle Pushed by Person		76 - Vehicle Pushed by Person		77 - Vehicle Pushed by Person		78 - Vehicle Pushed by Person	
19 - Bicycle		30 - Bicycle		75 - Vehicle Pushed by Person		76 - Vehicle Pushed by Person		77 - Vehicle Pushed by Person		78 - Vehicle Pushed by Person		79 - Vehicle Pushed by Person		80 - Vehicle Pushed by Person		81 - Vehicle Pushed by Person	
20 - Horse		31 - Horse		78 - Vehicle Pushed by Person		79 - Vehicle Pushed by Person		80 - Vehicle Pushed by Person		81 - Vehicle Pushed by Person		82 - Vehicle Pushed by Person		83 - Vehicle Pushed by Person		84 - Vehicle Pushed by Person	
21 - Pedestrian		32 - Pedestrian		81 - Vehicle Pushed by Person		82 - Vehicle Pushed by Person		83 - Vehicle Pushed by Person		84 - Vehicle Pushed by Person		85 - Vehicle Pushed by Person		86 - Vehicle Pushed by Person		87 - Vehicle Pushed by Person	
22 - Bicycle		33 - Bicycle		84 - Vehicle Pushed by Person		85 - Vehicle Pushed by Person		86 - Vehicle Pushed by Person		87 - Vehicle Pushed by Person		88 - Vehicle Pushed by Person		89 - Vehicle Pushed by Person		90 - Vehicle Pushed by Person	
23 - Horse		34 - Horse		87 - Vehicle Pushed by Person		88 - Vehicle Pushed by Person		89 - Vehicle Pushed by Person		90 - Vehicle Pushed by Person		91 - Vehicle Pushed by Person		92 - Vehicle Pushed by Person		93 - Vehicle Pushed by Person	
24 - Pedestrian		35 - Pedestrian		90 - Vehicle Pushed by Person		91 - Vehicle Pushed by Person		92 - Vehicle Pushed by Person		93 - Vehicle Pushed by Person		94 - Vehicle Pushed by Person		95 - Vehicle Pushed by Person		96 - Vehicle Pushed by Person	
25 - Bicycle		36 - Bicycle		93 - Vehicle Pushed by Person		94 - Vehicle Pushed by Person		95 - Vehicle Pushed by Person		96 - Vehicle Pushed by Person		97 - Vehicle Pushed by Person		98 - Vehicle Pushed by Person		99 - Vehicle Pushed by Person	
26 - Horse		37 - Horse		96 - Vehicle Pushed by Person		97 - Vehicle Pushed by Person		98 - Vehicle Pushed by Person		99 - Vehicle Pushed by Person		100 - Vehicle Pushed by Person		101 - Vehicle Pushed by Person		102 - Vehicle Pushed by Person	

[illegible]

OPS
Accident No. 5209

Loan Case No.

[illegible]

SEATING	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center;">Driver Involved Unit (Circle One)</p> <p>12 - Pedestrian 13 - Rider on Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstances/ Codes Not Applicable</p> <p style="text-align: center;">Other Involved Safety Equipment</p> </div>										<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center;">Driver Involved Unit (Circle One)</p> <p>12 - Pedestrian 13 - Rider on Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstances/ Codes Not Applicable</p> <p style="text-align: center;">Other Involved Safety Equipment</p> </div>																																																														
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>VICTIMS</p> <p>Name: <u>Paul Laro</u> <u>PO BOX 8 Elmore, AL</u> <u>215 A 35 M NM</u></p> <p>Address: <u>Baptist South</u> <u>Harpers Ambulance</u></p> <p>Name: <u>Larry Lambert</u> <u>PO BOX 8 Elmore, AL</u> <u>215 A 35 M NM</u></p> <p>Address: <u>Baptist South</u> <u>Harpers Ambulance</u></p> </div> <div style="width: 50%;"> <p>CODES</p> <p>Injury Type: <u>X - Child</u> <u>A - Visible or Caring from Scene</u> <u>B - Bruise/Abuse/Swelling</u> <u>C - Not Visible - Non Pain/Trauma</u></p> <p>Specimen: <u>1 - None</u> <u>2 - Tissue</u> <u>3 - Blood</u> <u>4 - Urine</u> <u>5 - Other</u> <u>6 - None</u> <u>7 - Tissue</u> <u>8 - Blood</u> <u>9 - Urine</u> <u>10 - Other</u></p> <p>First Aid by: <u>A - Ambulance Attended</u> <u>B - Paramedic</u> <u>C - Police</u> <u>D - Doctor</u> <u>E - Other</u> <u>F - None</u></p> </div> </div>																																																																										
<p style="text-align: center; font-size: 24px;">For Dic Gram see Sheet four</p>																																																																											
<p style="text-align: center; font-size: 24px;">For Narrative see Sheet four</p>																																																																											
<p style="text-align: center;">Officer's Opinion of What Happened</p>																																																																											
<p style="text-align: center;">For Each Roadway Environment First, Circle One Entry for Each Involved Unit</p>																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Roadway Environment</th> <th colspan="2">Weather</th> <th colspan="2">Light</th> <th colspan="2">Time</th> <th colspan="2">Location</th> <th colspan="2">Property Damage</th> <th colspan="2">Investigation</th> </tr> <tr> <td>1. None</td> <td>2. Rain</td> <td>1. Clear</td> <td>2. Cloudy</td> <td>1. Daylight</td> <td>2. Night</td> <td>1. 1:29</td> <td>2. 1:45</td> <td>1. 1:35</td> <td>2. 1:45</td> <td>1. None</td> <td>2. Minor</td> <td>1. None</td> <td>2. Minor</td> </tr> <tr> <td>3. Snow</td> <td>4. Ice</td> <td>3. Fog</td> <td>4. Wind</td> <td>3. Dusk</td> <td>4. Dawn</td> <td>3. 1:50</td> <td>4. 2:00</td> <td>3. 1:55</td> <td>4. 2:05</td> <td>3. None</td> <td>4. Major</td> <td>3. None</td> <td>4. Major</td> </tr> <tr> <td>5. Other</td> <td>6. Other</td> <td>5. Other</td> <td>6. Other</td> <td>5. Other</td> <td>6. Other</td> <td>5. Other</td> <td>6. Other</td> <td>5. Other</td> <td>6. Other</td> <td>5. None</td> <td>6. Major</td> <td>5. None</td> <td>6. Major</td> </tr> </table>																				Roadway Environment		Weather		Light		Time		Location		Property Damage		Investigation		1. None	2. Rain	1. Clear	2. Cloudy	1. Daylight	2. Night	1. 1:29	2. 1:45	1. 1:35	2. 1:45	1. None	2. Minor	1. None	2. Minor	3. Snow	4. Ice	3. Fog	4. Wind	3. Dusk	4. Dawn	3. 1:50	4. 2:00	3. 1:55	4. 2:05	3. None	4. Major	3. None	4. Major	5. Other	6. Other	5. Other	6. Other	5. Other	6. Other	5. Other	6. Other	5. Other	6. Other	5. None	6. Major	5. None	6. Major
Roadway Environment		Weather		Light		Time		Location		Property Damage		Investigation																																																															
1. None	2. Rain	1. Clear	2. Cloudy	1. Daylight	2. Night	1. 1:29	2. 1:45	1. 1:35	2. 1:45	1. None	2. Minor	1. None	2. Minor																																																														
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5. Other	6. Other	5. Other	6. Other	5. Other	6. Other	5. Other	6. Other	5. Other	6. Other	5. None	6. Major	5. None	6. Major																																																														

ALABAMA
UNIFORM TRAFFIC ACCIDENT REPORT

4525002

SHEET 4 OF 4 SHEET(S)

AST No. 30 Rev. 4/98

SUPPLEMENTAL SHEET

Unit No.	Unit Pst.	Injury Type	Age	Sex	Occupation	First Aid Pk.
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ADDITIONAL ACCIDENT VICTIMS

3	Name Marous Jackson Taken to Baptist South	Address PO Box 8 Elmore, AL Taken by Haynes Ambulance	2	15	A	25	M	N	M
4	Name Mervin Naton Taken to Baptist South	Address PO Box 8 Elmore, AL Taken by Haynes Ambulance	2	15	A	38	M	N	M
5	Name Douglas Thompson Taken to Baptist South	Address PO Box 8 Elmore, AL Taken by Haynes Ambulance	3	12	A	39	M	A	M
6	Name Douglas Spears Taken to Baptist South	Address PO Box 8 Elmore, AL Taken by Haynes Ambulance	4	12	A	29	M	A	M
7	Name Taken to	Address Taken by							
8	Name Taken to	Address Taken by							
9	Name Taken to	Address Taken by							
10	Name Taken to	Address Taken by							
11	Name Taken to	Address Taken by							
12	Name Taken to	Address Taken by							

ADDITIONAL NARRATIVE SPACE

DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

Unit #1 was north bound on US 231 when it ran off the right edge of the roadway and struck a road sign (164 mile marker). The vehicle traveled approximately 104 feet on the shoulder of the roadway before striking Unit #2.

Unit #2, an Alabama Department of Corrections van occupied by a driver and 6 state of Alabama prison inmates, was parked on the north bound shoulder of US 231.

Two other state inmates (Units 3 and 4) standing next to Unit #2 were also injured by the collision.

The driver of Unit #1 stated all he remembered was driving on US 231, then waking up seating in a field. The driver further stated he knew he had hit something but he didn't know what.

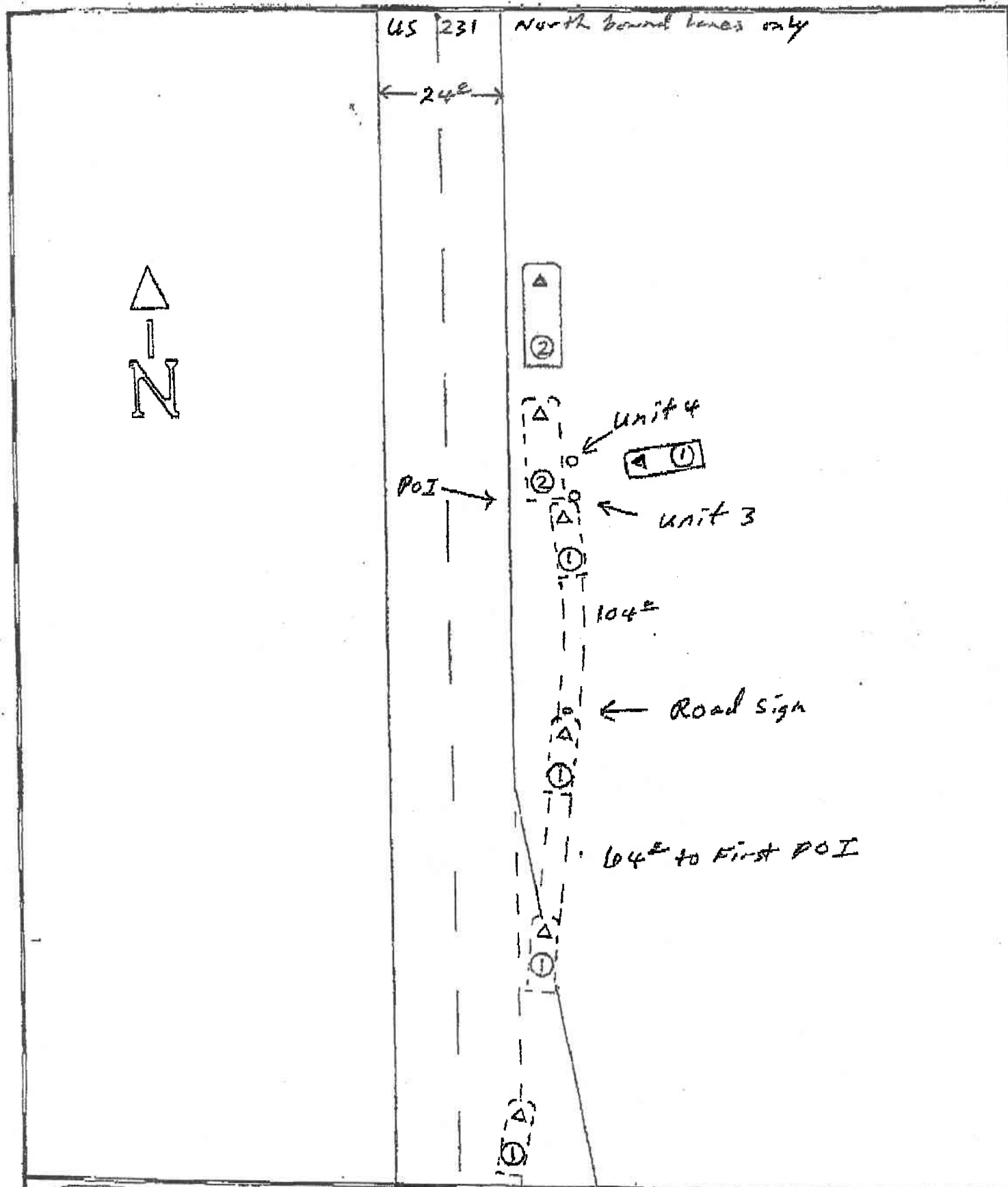


Diagram Not to Scale Diagram Scale 1 inch = (20 feet) (10 feet)	Location Montgomery county	Time 1:25 A.M. P.M.
Signature of Reporting Officer(s) A.Q. Frost	Officer ID 441	DATE Month Day Year 09 21 2004
Reporting Police Agency (RA) AST 0300		

AST-ZS
REV 1.799

SEP 28 2004

State Vehicle
ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DYE 152593

Accident Report Form (Form 104) - Montgomery, AL. Includes sections for Driver Information, Vehicle Information, Accident Details, and Insurance Information. The form is filled out with handwritten details of a multi-vehicle accident involving a white pickup truck and a white sedan.

Section 1: Driver Information

Driver 1: **Gilbert Walker**, 1690 Mt. Trail, Montgomery, AL 36118, License No. **1194868**, DOB **07/23/1984**, Sex **M**, Race **W**, Height **5'11"**, Weight **175**, Eyes **BRN**, Hair **BLK**, Blood Type **O+**.
Driver 2: **Willie Ambers**, P.O. Box 231314, Montgomery, AL 36123, License No. **3433477**, DOB **09/15/1955**, Sex **F**, Race **B**, Height **5'11"**, Weight **175**, Eyes **BRN**, Hair **BLK**, Blood Type **O+**.

Section 2: Vehicle Information

Vehicle 1: **White Pickup Truck**, Make **GM**, Model **Suburban**, Year **2006**, VIN **1G1EEM7SNOXX628820**, License No. **164H832Y**.
Vehicle 2: **White Sedan**, Make **GM**, Model **Malibu**, Year **2005**, VIN **1G1EEM7SNOXX628820**, License No. **164H832Y**.

Section 3: Accident Details

Date: **09/21/2004**, Time: **1:25 PM**, Day of Week: **MON**, Month: **09**, Year: **04**.
Location: **US 231, Marietta City Limit**.
Weather: **Clear**, Road Condition: **Good**.
Description: **Multi-vehicle accident involving a white pickup truck and a white sedan. The pickup truck was traveling northbound on US 231 and struck the sedan, which was traveling southbound. The sedan was involved in a rollover accident.**

Section 4: Insurance Information

Insurance Company: **State Farm**, Policy No. **424-32-0417**.
Agent: **State Farm**, Address: **State Farm Insurance Co., 1000 Peachtree Street, N.E., Atlanta, GA 30309**.

SEATING	Other Personnel List (Circle One)										Safety Equipment (Circle One)									
	12. Protection 13. Place of Reported Animal 14. Date of Non-Applicable Vehicle 15. Victim of Other Circumstances/ Codes Not Applicable Other Incident: 95 Tally Equipment										16. Protection 17. Place of Reported Animal 18. Date of Non-Applicable Vehicle 19. Victim of Other Circumstances/ Codes Not Applicable Other Incident: 95 Tally Equipment									
VICTIMS	Name: Gilbert Walker 1180 Mt. Trail Warrior, AL Address: Baptist South Taken By: Haynes Ambulance										Name: Willie Ampers PO Box 231314 Warrior, AL Address: Baptist South Taken By: Haynes Ambulance									
	Ugh No: 11 Sex: A Age: 30 M: N N: M										Ugh No: 21 Sex: A Age: 49 M: N N: M									
Codes: K. Road D. Driver/Operator/Seating A. Vehicle or Driver from Scene C. Non-Vehicle/Non-Police/Patient										Codes: K. Road D. Driver/Operator/Seating A. Vehicle or Driver from Scene C. Non-Vehicle/Non-Police/Patient										
<p style="font-size: 24px;">For Diagram see sheet Four</p>																				
<p>Officer's Remarks of What Reported:</p> <p style="font-size: 24px;">For Narrative see sheet Four</p>																				
ROADWAY ENVIRONMENT	Unit 1: 1. None Unit 2: 2. Shoulder High Unit 3: 3. Holes, Bottom, etc. Unit 4: 4. Other										Unit 1: 1. None Unit 2: 2. Shoulder High Unit 3: 3. Holes, Bottom, etc. Unit 4: 4. Other									
	Unit 1: 1. None Unit 2: 2. Shoulder High Unit 3: 3. Holes, Bottom, etc. Unit 4: 4. Other										Unit 1: 1. None Unit 2: 2. Shoulder High Unit 3: 3. Holes, Bottom, etc. Unit 4: 4. Other									
INVESTIGATION	Type Police Method: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.										Type Police Method: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.									
	Name of Investigating Officer: Det. R. Q. Frost Name of Other Investigating Officer: T. G. Hardy Date of Investigation: 10-21-04										Name of Investigating Officer: Det. R. Q. Frost Name of Other Investigating Officer: T. G. Hardy Date of Investigation: 10-21-04									

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ACT-2A
REV. 1/31

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS
Accident No. **55593**

Shaded Areas In This Report Are Data Pertaining Only

Sheet **2** of **4** Sheets

Maple No.

Local Time No.

LOCATION AND TIME	Date 09/21/2004	Time 1:25	Day of Week W	County 03	City 03	State AL	Highway Classification 1- Interstate	County 03	Local Zone
	On Street, Road or Highway US 231						At Intersection of or Between (Roads 1) Intersecting Rd Montg. City Limit		And (Roads 2)
	Street or Road Code 5006						Road Code 8160		Right of Way 5559
	Intersection Code 1- Road 1						Control System 2- Advance Stop		Signal Code 22
UNIT NO	Driver's Name 77						Driver's License No. 14		Driver's Sex 2
	Driver's Age 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
LEFT SCENE	Driver's Name 77						Driver's License No. 14		Driver's Sex 2
	Driver's Age 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
COM VEH	Driver's Name 77						Driver's License No. 14		Driver's Sex 2
	Driver's Age 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
VEHICLE	Driver's Name 77						Driver's License No. 14		Driver's Sex 2
	Driver's Age 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
VEHICLE OR PEDESTRIAN	Driver's Name 77						Driver's License No. 14		Driver's Sex 2
	Driver's Age 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2
	Driver's Sex 2						Driver's Sex 14		Driver's Sex 2

04-21-64

ALABAMA

5325002

UNIFORM TRAFFIC ACCIDENT REPORT

SHEET 4 OF 4 SHEET(S)

AST No. 34 Rev. 4/04

SUPPLEMENTAL SHEET

Unit No.	Seat Pos.	Injury Type	Age	Sex	Ethnicity	First Aid By
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ADDITIONAL ACCIDENT VICTIMS

3	Name Marcus Jackson	Address PO Box 8 Elmore, AL	2	15	A	35	M	N	M
	Taken to Baptist South	Taken by Haynes Ambulance							
4	Name Marvin Niles	Address PO Box 8 Elmore, AL	2	15	A	38	M	N	M
	Taken to Baptist South	Taken by Haynes Ambulance							
5	Name Douglas Thompson	Address PO Box 8 Elmore, AL	3	12	A	39	M	A	M
	Taken to Baptist South	Taken by Haynes Ambulance							
6	Name Douglas Spears	Address PO Box 8 Elmore, AL	4	12	A	29	M	A	M
	Taken to Baptist South	Taken by Haynes Ambulance							
7	Name	Address							
	Taken to	Taken by							
8	Name	Address							
	Taken to	Taken by							
9	Name	Address							
	Taken to	Taken by							
10	Name	Address							
	Taken to	Taken by							
11	Name	Address							
	Taken to	Taken by							
12	Name	Address							
	Taken to	Taken by							

DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

ADDITIONAL NARRATIVE SPACE

Unit #1 was north bound on US 231 when it ran off the right edge of the roadway and struck a road sign (164 mile marker). The vehicle traveled approximately 104 feet on the shoulder of the roadway before striking Unit #2. Unit #2, an Alabama Department of Corrections van occupied by a driver and 6 state of Alabama prison inmates, was parked on the north bound shoulder of US 231. Two other state inmates (Units 3 and 4) standing next to Unit #2 were also injured by the collision. The driver of Unit #1 stated all he remembered was driving on US 231, then waking up sitting in a field. The driver further stated he knew he had hit something but he didn't know what.

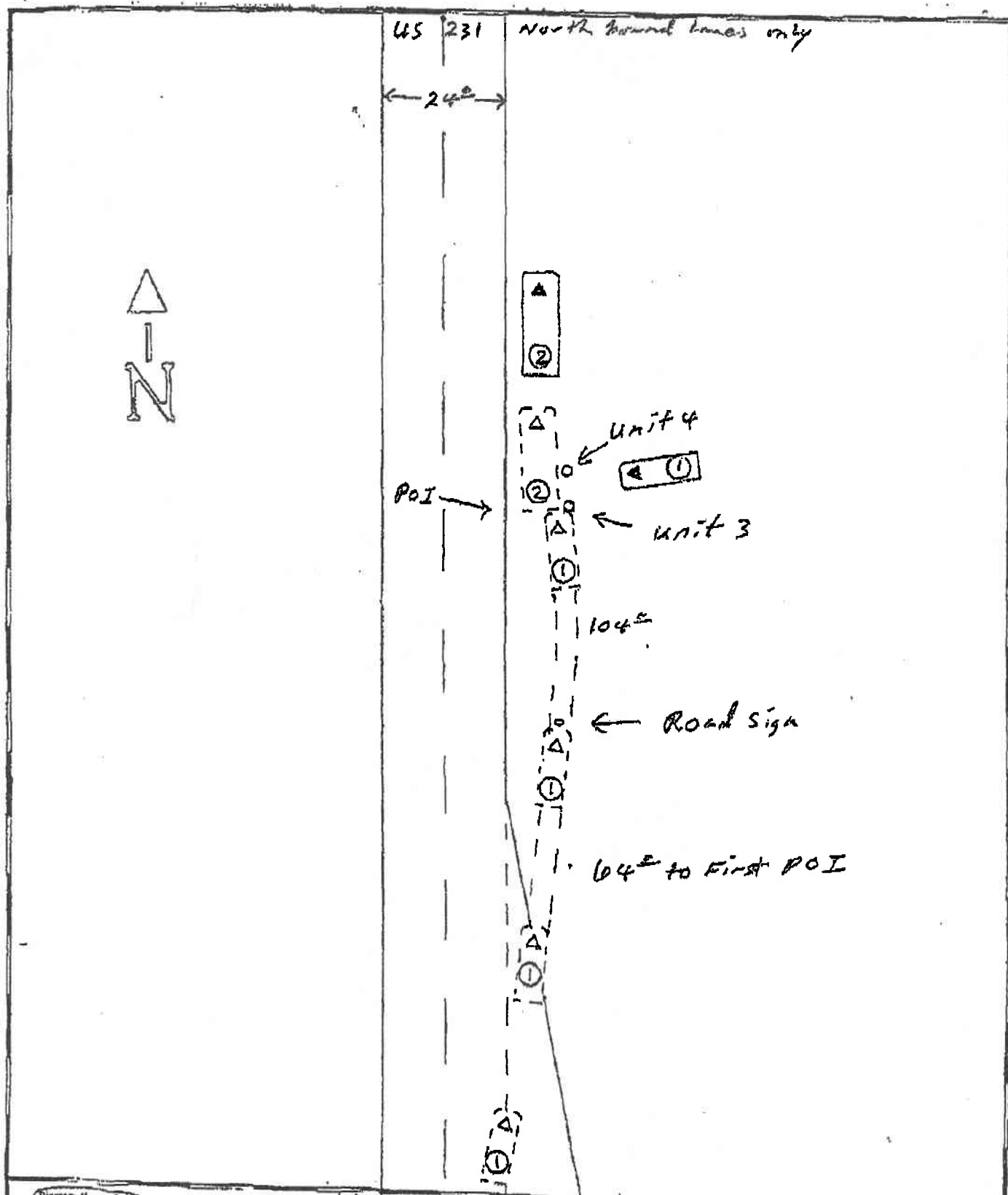


Diagram Not to Scale Diagram Scale 1 inch = (20 feet) (10 feet)	Location Montgomery County	Time 1:25
Signature of Reporting Officer(s) A.Q. Flood	Officer ID 441	Reporting Police Agency OR AST 0380
DATE: Month 09 Day 21 Year 2004		DATE: Month 09 Day 21 Year 2004